

## MUTANT VESICULAR STOMATITIS VIRUSES AND USE THEREOF

## FIELD OF THE INVENTION

The present invention pertains to the field of viruses and in particular to mutant viruses that are useful as viral vectors and vaccines.

## BACKGROUND

Attenuated viruses or those that have reduced replication potential have been widely used for a number of therapeutic applications, for example, as vaccines or vaccine vectors, or as gene therapy vectors. Production of attenuated viruses has typically involved the isolation of chance mutations by repeated passage of wild-type virus through unnatural hosts. Advances in recombinant DNA technology and genetic engineering techniques have provided the tools to better develop viruses as therapeutic and prophylactic agents. Recombinant techniques permit the introduction of specific mutations into a selected region of the viral genome and also minimise the reversion of the mutant virus to wild-type.

The ability of many viruses to stimulate both humoral and cell-mediated immunity makes them ideal vaccine vectors and a number of viruses, therefore, have been developed as vaccine vectors for a wide range of diseases including HIV, HCV and cancer. Viruses are also well suited for use as gene therapy vectors. Gene therapy, i.e. the modification of gene expression by the transient or permanent transfer of functional genes to somatic cells, is being intensively developed as a novel approach for preventing and treating disease.

Although a variety of physical and chemical methods are known for introducing exogenous nucleic acids into eukaryotic cells, viruses have generally been proven to be much more efficient for this purpose. Several viruses such as parvoviruses, adenoviruses, herpesviruses, retroviruses, rhabdoviruses and poxviruses, have been explored as possible gene therapy vectors (see, for example, U.S. Patent Nos. 6,440,422; 6,531,123 and 6,451,323).

The engineering of a number of viruses to produce recombinant viruses with specific properties has been described. For example, U.S. Patent No. 6,497,873 describes a recombinant Rhabdovirus that expresses the F protein of the Paramyxovirus SV5 strain. In this recombinant virus, the F protein is expressed as a fusion protein with a portion of the

Rhabdovirus G protein. U.S. Patent Nos. 6,022,726 and 6,468,544 describe engineered attenuated viruses that include a mutation in a non-coding or coding sequence of a viral nonstructural (NS) gene. Chimeric attenuated viruses which express altered or chimeric viral proteins are also described. U.S. Patent No. 6,468,544 further describes a live  
5 attenuated influenza virus which can induce interferon production in an infected cell.

Engineered viruses have also been described as oncolytic agents, which exploit genetic defects unique to neoplastic cells to replicate in and lyse neoplastic cells, but not non-neoplastic cells. For example, International Patent Applications WO 97/26904 and WO 96/03997 disclose a mutant herpes simplex virus (HSV-1716) that inhibits tumour cell  
10 growth, U.S. Patent No. 6,296,845 describes a mutated adenovirus that is believed to replicate preferentially in p53 negative tumour cells, U.S. Patent No. 6,110,461 teaches use of a Reovirus for treatment of Ras-mediated neoplasm, and U.S. Patent No. 6,531,456 describes a recombinant adeno-associated virus vector carrying a drug susceptibility gene and a second gene capable of producing an ancillary effect (such as an interferon or tumour  
15 suppressor gene) for use in the treatment of cancer.

As an alternative to genetically engineering viruses, non-pathogenic viruses may be employed, for example, WO 01/19380 describes the use of a Rhabdovirus, and in particular vesicular stomatitis virus (VSV), as a selective oncolytic agent against tumour cells characterized by having low levels of, or no, PKR (double stranded RNA dependent kinase)  
20 activity. WO 01/19380 also describes the identification of four mutant VSVs that were susceptible to interferon and their use as oncolytic agents.

This background information is provided for the purpose of making known information believed by the applicant to be of possible relevance to the present invention. No admission is necessarily intended, nor should be construed, that any of the preceding information  
25 constitutes prior art against the present invention.

## SUMMARY OF THE INVENTION

An object of the present invention is to provide mutant viruses and uses thereof. In accordance with an aspect of the present invention, there is provided a mutant Rhabdovirus having one or more mutation in a gene encoding a protein involved in blocking nuclear  
30 transport of mRNA or protein in an infected cell, wherein said mutation results in the

mutant Rhabdovirus having a decreased ability to block nuclear transport of mRNA or protein when compared to the wild-type virus.

In accordance with another aspect of the invention, there is provided a viral vector comprising a mutant Rhabdovirus having one or more mutation in a gene encoding a protein involved in blocking nuclear transport of mRNA or protein in an infected cell, wherein said mutation results in the mutant Rhabdovirus having a decreased ability to block nuclear transport of mRNA or protein when compared to the wild-type virus.

In accordance with another aspect of the invention, there is provided a vaccine vector comprising a mutant Rhabdovirus having one or more mutation in a gene encoding a protein involved in blocking nuclear transport of mRNA or protein in an infected cell and a heterologous nucleic acid encoding one or more antigen, wherein said mutation results in the mutant Rhabdovirus having a decreased ability to block nuclear transport of mRNA or protein when compared to the wild-type virus.

In accordance with a further aspect of the invention, there is provided a vaccine adjuvant comprising a mutant Rhabdovirus having one or more mutation in a gene encoding a protein involved in blocking nuclear transport of mRNA or protein in an infected cell and optionally a pharmaceutically acceptable carrier, said mutant Rhabdovirus being capable of triggering the production of one or more cytokine in an infected cell, wherein said mutation results in the mutant Rhabdovirus having a decreased ability to block nuclear transport of mRNA or protein when compared to the wild-type virus.

In accordance with another aspect of the invention, there is provided a selective oncolytic agent comprising a mutant Rhabdovirus having one or more mutation in a gene encoding a protein involved in blocking nuclear transport of mRNA or protein in an infected cell and optionally a pharmaceutically acceptable carrier, wherein said mutation results in the mutant Rhabdovirus having a decreased ability to block nuclear transport of mRNA or protein when compared to the wild-type virus.

In accordance with a further aspect of the invention, there is provided a pharmaceutical composition comprising a mutant Rhabdovirus having one or more mutation in a gene encoding a protein involved in blocking nuclear transport of mRNA or protein in an infected cell and a pharmaceutically acceptable carrier, wherein said mutation results in the

mutant Rhabdovirus having a decreased ability to block nuclear transport of mRNA or protein when compared to the wild-type virus.

5 In accordance with another aspect of the invention, there is provided an immunogenic composition comprising a mutant Rhabdovirus having one or more mutation in a gene encoding a protein involved in blocking nuclear transport of mRNA or protein in an infected cell and a pharmaceutically acceptable carrier, said mutant Rhabdovirus being capable of triggering the production of one or more cytokine in an infected cell, wherein said mutation results in the mutant Rhabdovirus having a decreased ability to block nuclear transport of mRNA or protein when compared to the wild-type virus.

10 In accordance with a further aspect of the invention, there is provided a use of the mutant Rhabdovirus as described above as an additive for pharmaceutical preparations of viruses to protect against virulent revertants arising in the preparation.

15 In accordance with another aspect of the invention, there is provided a use of the mutant Rhabdovirus as described above in the treatment of a disease or disorder that can be alleviated by cytokine release.

In accordance with a further aspect of the invention, there is provided a use of the mutant Rhabdovirus as described above as a viral vector for delivery of said heterologous nucleic acid to a subject in need thereof.

20 In accordance with another aspect of the invention, there is provided a kit comprising one or more containers and a mutant Rhabdovirus having one or more mutation in a gene encoding a protein involved in blocking nuclear transport of mRNA or protein in an infected cell, wherein said mutation results in the mutant Rhabdovirus having a decreased ability to block nuclear transport of mRNA or protein when compared to the wild-type virus.

### BRIEF DESCRIPTION OF THE FIGURES

25 **Figure 1** depicts that the decreased *in vivo* toxicity of mutant VSV viruses AV1 and AV2 is mediated by interferon. (A) Human prostate carcinoma cells (PC3) and human renal carcinomas cells (CAKI-1) were either mock infected or infected with wild-type (WT), AV1 or AV2 strains of VSV. Culture media were assayed by ELISA to detect human IFN- $\alpha$  production 18 hours post-infection. (B) *In vivo* toxicity of WT versus mutant VSV strains

by route and mouse strain. IN = intranasal; IV = intravenous; nd = not determined. (C) AV2 can protect mice in trans against lethal WT VSV infection. PKR<sup>-/-</sup> mice were infected intranasally at various doses with either WT, AV2 or combinations of both strains and monitored for morbidity or mortality. Values denote number of mice per group showing signs of infection (morbidity) or number of mice per group which succumbed to the infection (mortality). (D) Balb/C and Balb/C IFN $\beta$ <sup>-/-</sup> mice were infected intranasally with WT VSV, AV1 or AV2 virus and monitored for morbidity.

Figure 2 depicts that the secondary transcriptional response is inhibited by WT VSV but not AV1 or AV2. (A) Primary response to viral infection is mediated by IRF-3, cJUN/ATF-2, and NF $\kappa$ B (shown here forming part of the enhansosome complex at the IFN- $\beta$  promoter). Microarray data indicates primary transcriptional response genes robustly upregulated in both WT and mutant virus infected cells. (a: ISG15 is known to require ISGF3 for full induction). Values represent fold induction over mock infected. (B) IFN- $\beta$  is then translated and secreted to stimulate, in an autocrine fashion, JAK/STAT signalling to form ISGF3 complexes in the nucleus, which mediates the induction of genes of the secondary transcriptional response. While cells infected with AV1 or AV2 show robust upregulation of these genes, WT infected cells show no expression at all (A=absent). (C) Without the consequent expression of IRF-7 in cells infected with WT VSV the tertiary transcriptional wave, which includes almost all IFN- $\alpha$  genes, cannot take place (b: IFN- $\alpha$ 7 is marginally detected by the array in WT samples). In contrast, AV1 and AV2 infected cells efficiently induce the expression of IFN- $\alpha$  genes. (D) RT-PCR data at 4 hours post infection of A549 cells showed primary response genes RANTES and IFN- $\beta$  induced to similar levels in WT and mutant VSV infected cells, while upregulation of MX1 (secondary response) was impaired in WT infected cells. (E) Western blot analysis showed similar kinetics of IRF-3 activation between WT and mutant VSVs, however, ISG56 (primary response) protein expression was severely impaired in WT infected cells. IRF-7 protein is detected only in AV1 and AV2 infected cells. IRF-7 $\Delta$  appears to be able to induce the expression of endogenous IRF-7.

Figure 3 shows that IFN- $\beta$  mRNAs are severely depleted in cytoplasmic fractions from WT VSV infected cells as determined by quantitative RT-PCR. (A) Nuclear (N) and cytoplasmic (C) total RNA fractions from cells infected with WT, AV1 or AV2 VSV were assayed for IFN- $\beta$  mRNA; normalized to HPRT mRNA from the same sample. \* indicated

no IFN- $\beta$  mRNA detected. **(B)** Cells infected with either WT or mutant VSV strains were assayed by ELISA for IFN- $\beta$  production. AV1 and AV2 infected cells and not WT VSV infected cell show detectable secreted IFN- $\beta$ .

**Figure 4** depicts that the mutant VSV strains demonstrate *in vivo* efficacy in a variety of tumour models. **(A)** Mutant VSV is effective in treating xenograft human ovarian ascites tumours by intraperitoneal treatment. Human ES-2 ovarian carcinoma cells were injected into the intraperitoneal cavity of CD-1 nude mice to establish ascites tumours. Twelve days after injection of  $1 \times 10^6$  ES-2 cells, animals were treated every other day (3 doses total) with either AV2 VSV or UV inactivated AV2 VSV. Each dose ( $1 \times 10^9$  pfu) was administered into the intraperitoneal cavity. Animals were assessed for morbidity and mortality and were euthanized following the appearance of moderate ascites formation. “*n*” denotes number of animals per group. **(B)** Systemic treatment of subcutaneous tumours in an immune competent animal. Subcutaneous tumours were established in Balb/C mice by injecting  $1 \times 10^6$  CT26 colon carcinoma cells into the hind flank region. When tumours reached approximately  $10 \text{ mm}^3$ , mice were treated every other day for 10 days (6 doses total) with an intravenous injection of  $5 \times 10^8$  pfu of the indicated virus. “Trojan” refers to the injection of  $3 \times 10^5$  CT26 cells infected with AV1 VSV at an MOI of 20. Control mice received 6 doses of  $5 \times 10^8$  pfu equivalents of UV inactivated AV2 VSV. Tumours were measured daily to calculate tumour volumes. Animals were euthanized when their tumours burden was deemed excessive (approximately  $750 \text{ mm}^3$ ). **(C)** Shows the change in mouse weights measured daily, for each group, for the 3 days before treatment, to day 11 post treatment. Error bars denote SEM. **(D)** Treatment of disseminated lung tumours in an immune-competent mouse model. Lung tumours are established injecting  $3 \times 10^5$  CT26 cells into the tail vein of Balb/C mice. On day 12, mice were treated as follows: UV AV2 IV = 1 dose intravenously ( $5 \times 10^8$  pfu equivalents), AV2 IV = 1 dose of mutant 3 VSV intravenously ( $5 \times 10^8$  pfu), AV2 IN = 1 dose of AV2 VSV intranasally ( $5 \times 10^7$  pfu), AV2 IV & IN = 1 dose of AV2 VSV intravenously ( $5 \times 10^8$  pfu) and 1 dose of AV2 VSV intranasally ( $5 \times 10^7$  pfu). Four days after treatment all mice were sacrificed and their lungs were removed (hearts are visible for scale). Arrows indicate residual tumours. **(E)** Lung tumours were established as described above. On day 12, mice are treated as indicated with  $5 \times 10^7$  pfu delivered by intranasal instillation, every other day for 2 weeks (6 doses total). Morbidity and mortality are monitored daily, and mice which show signs of respiratory distress are euthanized and their examined for tumour burden. “*n*” denotes number of mice in treatment group.

**Figure 5** presents a model depicting how mutant VSV strains may be able to prevent the emergence of virulent WT strains from a mixed population. (A) WT VSV can block IFN secretion from infected cells rendering neighbouring cells unprotected and susceptible to nascent viral particles, which results in viral spread. (B) A “Cytokine cloud” of IFNs, and perhaps other cytokines, is induced following infection with VSV strains coding for M proteins defective in blocking nuclear/cytoplasmic transport. The neighbouring cells are protected from infection by mutant VSV and any putative revertant strains attempting to emerge from the population.

**Figure 6** depicts examples of mutations that can be made in accordance with the present invention in the gene encoding the M protein of VSV.

**Figure 7** depicts the sequence of the relevant portion of the VSV M protein for rescued mutants XNDG M4 and M5.

**Figure 8** depicts that the rescued mutant VSVs XNDG M4 and M5 have similar plaque sizes to the Mut2 mutant VSV.

**Figure 9A, B and C** depict cells transfected with amino-terminal 72 amino acids of VSV fused to GFP (WT+72-GFP-N1, green) and OCT-DsRed2 (mitochondrial marker, red). **C.** Merged image showing co-localisation of M-GFP and OCT-DsRed2. **D, E and F.** Cells transfected with WT+72-GFP-N1 and stained with Mitotracker Red. Arrow indicates typical transfected cell displaying punctuate mitochondria and reduced Mitotracker staining. Asterisk indicates a transfected cell with reticular (normal) mitochondria indicating co-localisation of WT+72-GFP-N1 and Mitotracker staining (merged image **F**). **G and H.** Cells transfected with WT+72-GFP-N1 and stained with Mitotracker Red. Transfected cells have punctuate mitochondria and reduced Mitotracker staining (arrow).

**Figure 10A, B and C** depicts images of a live cell co-transfected with the amino terminal 72 amino acids of VSV M fused to GFP (WT+72-GFP-N1, green) and OCT-DsRed2 (mitochondrial marker, red). Merged images indicate co-localisation as well as the progressive fragmentation of the initially reticular mitochondria in this cell as the cell is killed by this toxic protein. **D** A live cell co-transfected as above. Again this indicates the co-localisation of WT+72-GFP-N1 and OCT-DsRed2 with relative concentration of the VSV M-GFP fusion protein and bulges and junctions in the mitochondria (green).

**Figure 11** depicts the nucleic acid sequence for the genome of the VSV mutant AV1 [SEQ ID NO:1].

**Figure 12** depicts the nucleic acid sequence for the mutant M protein gene of the VSV mutant AV1 [SEQ ID NO:2].

5 **Figure 13** depicts the amino acid sequence for the mutant M protein of the VSV mutant AV1 [SEQ ID NO:3].

**Figure 14** depicts the nucleic acid sequence for the genome of the VSV mutant AV2 [SEQ ID NO:4].

10 **Figure 15** depicts the nucleic acid sequence for the mutant M protein gene of the VSV mutant AV2 [SEQ ID NO:5].

**Figure 16** depicts the amino acid sequence for the mutant M protein of the VSV mutant AV2 [SEQ ID NO:6].

15 **Figure 17A and B** graphically demonstrate the protective effect of a mutant VSV according to one embodiment of the present invention, wherein Figure 17A depicts percent survival of mice following administration of a lethal intracranial dose of VSV; and Figure 17B depicts changes in mouse weights over time following administration of the lethal intracranial dose of VSV.

**Figure 18** graphically depicts relative  $\beta$ -IFN production in OVCAR 4, CAKI-1 and HOP62 cells infected with WT VSV or a mutant VSV (AV1 or AV2).

20 **Figure 19A and B** graphically depicts anti-CT26 cytotoxic T lymphocyte activity from splenocytes obtained from WT VSV and  $\Delta$ M51 VSV treated mice having established CT26 tumours (Figure 19A) and NK-dependent and -independent CT26 cell lysis caused by splenocytes obtained from non-tumour bearing mice treated with WT VSV and  $\Delta$ M51 VSV (Figure 19B).

25 **Figure 20** depicts immunohistochemically stained sections of CT26 tumours from  $\Delta$ 51M VSV GFP treated mice bearing subcutaneous CT26 tumours.



## DETAILED DESCRIPTION OF THE INVENTION

The present invention provides mutant viruses carrying one or more mutation in a gene encoding a protein responsible for blocking nuclear transport of mRNA or protein in an infected cell. The mutant viruses thus have a decreased ability to block nuclear transport when compared to the wild-type virus and are attenuated *in vivo*. The mutant viruses may be capable of triggering the anti-viral systems of a normal host cell while remaining sensitive to the effects of these systems. The mutant viruses are suitable for a broad range of applications including, but not limited to, therapeutics for the treatment of cancer and chronic infections, as vaccines and adjuvants, as viral vectors, and as oncolytic and cytolytic agents for the selective lysis of malignant or infected cells.

### Definitions

Unless defined otherwise, all technical and scientific terms used herein have the same meaning as commonly understood by one of ordinary skill in the art to which this invention pertains. Standard three- and one-letter notations for amino acids are used interchangeably herein.

The term "heterologous nucleic acid sequence," as used herein in relation to a specific virus, refers to a nucleic acid sequence that originates from a source other than the specified virus.

The term "mutation," as used herein, refers to a deletion, an insertion of heterologous nucleic acid, an inversion or a substitution.

The term "gene," as used herein, refers to a segment of nucleic acid that encodes an individual protein or RNA (also referred to as a "coding sequence" or "coding region") together with associated regulatory regions such as promoters, operators, terminators and the like, that may be located upstream or downstream of the coding sequence.

The term "mutant virus," as used herein, refers to a virus comprising one or more mutations in its genome, including but not limited to deletions, insertions of heterologous nucleic acids, inversions, substitutions, or combinations thereof.

The term "naturally-occurring," as used herein, with reference to a virus indicates that the virus can be found in nature, *i.e.* it can be isolated from a source in nature and has not been intentionally modified by man in the laboratory.

The term "wild-type virus," as used herein, refers to the most frequent genotype of a virus found in nature and against which mutants are defined.

The term "anti-viral systems," as used herein, refers to the components of a cell's response to viral infection and include, for example, interferons and other cytokines, nitric oxide  
5 synthase; double stranded RNA dependent kinase (PKR), oligoadenylate synthase (OAS), Mx A and Mx B GTPases, and the like.

The term "anti-viral response," as used herein, refers to a cell's response to viral infection and includes, for example, production of interferons, cytokine release, production of chemokines, production of lymphokines, or a combination thereof.

10 The term "normal host cell," as used herein, refers to a non-cancerous, non-infected cell with an intact anti-viral response.

The term "vaccine," as used herein, refers to a preparation of material capable of stimulating an immune response in an animal without inducing disease.

15 The term "oncolytic agent," as used herein, refers to an agent capable of inhibiting the growth of and/or killing tumour cells.

The term "adjuvant," as used herein, refers to a substance which, when added to a vaccine, is capable of enhancing the immune response stimulated by the vaccine in a subject.

### ***MUTANT VIRUSES***

The present invention provides mutant viruses comprising one or more mutation in a gene  
20 which encodes a protein that is involved in blocking nuclear transport of mRNA or protein in an infected host cell. As a result, the mutant viruses have a reduced ability to block nuclear transport and are attenuated *in vivo*. Blocking nuclear export of mRNA or protein cripples the anti-viral systems within the infected cell, as well as the mechanism by which the infected cell can protect surrounding cells from infection (*i.e.* the early warning system),  
25 and ultimately leads to cytolysis. In one embodiment of the present invention, therefore, the mutant viruses have decreased cytolytic properties compared to their wild-type counterpart.

Since the mutant virus is unable to block nuclear transport of mRNA or protein, infection of a normal host cell by the mutant virus can result in the triggering of the anti-viral systems of

the cell, which are normally blocked or bypassed by the wild-type virus. In accordance with another embodiment of the present invention, therefore, the mutant virus is capable of triggering, and is sensitive to, the anti-viral systems of a normal host cell.

A variety of viruses that block nuclear transport of mRNA or protein in an infected cell as part of their replicative cycle are known and are thus suitable for mutation in order to produce a mutant virus in accordance with the present invention. The virus can be a DNA virus, a positive-strand RNA virus, or a negative-strand RNA virus. Examples of suitable DNA viruses include Herpesvirus, Adenovirus, Parvovirus, Papovavirus, Iridovirus, Hepadenavirus, Poxvirus, mumps virus, human parainfluenza virus, measles virus or rubella virus. Examples of suitable positive-sense RNA viruses include Togavirus, Flavivirus, Picornavirus, or Coronavirus. Examples of suitable negative-sense RNA viruses include those from the families Orthomyxoviridae, Rhabdoviridae and Paramyxoviridae.

In one embodiment of the present invention, the virus is selected from the families Poxviridae, Picornaviridae, Orthomyxoviridae or Rhabdoviridae, for example, the virus can be a vaccinia virus, poliovirus, rhinovirus, influenza virus, rabies virus, vesicular stomatitis virus, Newcastle disease virus or vesiculovirus.

In another embodiment of the present invention, the virus is a member of the Rhabdoviridae. Rhabdoviruses are particularly well-suited for therapeutic use as they are not common human pathogens. A pre-existing immune response to a viral strain similar to the one used as a therapeutic agent may attenuate the effectiveness of the mutant virus as therapeutic agent and is, therefore, undesirable. In addition, Rhabdoviruses are RNA viruses that spend their entire lifecycle in the cytoplasm, thus minimising the danger of unwanted integration into the genome of a patient.

In another embodiment of the present invention, the Rhabdovirus is a vesiculovirus. Examples of suitable vesiculoviruses include, but are not limited to, Piry, Chandipura and vesicular stomatitis virus (VSV).

VSV is a member of the Vesiculoviridae that has demonstrated therapeutic potential. VSV infections in humans are either asymptomatic or manifest as a mild "flu." There have been no reported cases of severe illness or death among VSV-infected humans. Other useful characteristics of VSV include the fact that it replicates quickly and can be readily

concentrated to high titres, it is a simple virus comprising only five genes and is thus readily amenable to genetic manipulation, and it has a broad host range and is capable of infecting most types of human cells. In one embodiment of the present invention, the mutant virus is a mutant VSV. A number of different strains of VSV are known in the art and are suitable  
5 for use in the present invention. Examples include, but are not limited to, the Indiana and New Jersey strains. A worker skilled in the art will appreciate that new strains of VSV will emerge and/or be discovered in the future which are also suitable for use in the present invention. Such strains are also considered to fall within the scope of the invention.

### *1. Preparation of Mutant Viruses*

10 In accordance with the present invention, the mutant viruses can be naturally-occurring mutants or they may be genetically engineered mutants. The mutant viruses, therefore, can be obtained by selection using defined growth conditions or selection pressures, or they can be recombinant viruses that have been specifically engineered using genetic engineering techniques known in the art.

15 For example, for selection of those mutant viruses that trigger and remain sensitive to anti-viral systems in an infected cell, a population of the virus can be grown on cells which are normally susceptible to infection by the wild-type virus and those viruses that grow poorly (*i.e.* form smaller plaques) on these cells are isolated. These isolated viruses are candidate mutant viruses. An example of such a selection technique for viruses such as VSV, which  
20 normally block the interferon response in infected cells, would be selection for poor growth on interferon responsive cells, such as epithelial cell lines, when compared to wild-type virus. Formation of large plaques when these candidate mutants are grown on interferon non-responsive cells (such as tumour cells) would confirm that the poor growth is due to the interferon response (see, for example, International Patent Application WO 01/19380).

25 Once a naturally-occurring mutant virus has been identified and isolated, the position of mutation(s) in the viral genome can be determined using standard techniques, for example, sequencing techniques, restriction analysis, hybridisation techniques, microarray analysis, or combinations of these techniques. A recombinant mutant virus can then be genetically engineered using standard techniques (see below) to contain either identical mutation(s), or  
30 similar mutation(s) in the same region of the genome. Viruses that have been genetically engineered (*i.e.* recombinant viruses) to contain deletion or insertion mutations typically

have a lower reversion rate than naturally-occurring mutants and are, therefore, particularly well-suited for therapeutic purposes.

Alternatively, if a candidate gene has already been identified in a virus, recombinant mutant viruses can be genetically engineered using techniques well known in the art ( see, for  
5 example, Sambrook et al., 1989, A Laboratory Manual. New York: Cold Spring Harbor Laboratory Press). A candidate gene in this regard would be a gene suspected of encoding a protein that is involved in blocking nuclear transport of mRNA or protein in an infected cell. In one embodiment of the present invention, the mutant virus is a recombinant mutant virus.

10 For example, DNA viruses (e.g., vaccinia, adenoviruses, baculovirus) and positive strand RNA viruses (e.g., poliovirus) can be engineered using recombinant DNA techniques such as those described in U.S. Patent 4,769,330; U.S. Patent 4,215,051 and by Racaniello *et al.* (1981, *Science* 214: 916-919). Negative strand RNA viruses (e.g., influenza and VSV) can be genetically engineered using well-established "reverse genetics" techniques, such as the  
15 reverse genetics system that has been established for VSV (Roberts A. and J. K. Rose, *Virology*, 1998, 247: 1-6).

Genetic techniques, such as those described above, can thus be utilised to engineer one or more mutation in a candidate gene. A worker skilled in the art will appreciate that the gene may encode a structural or non-structural protein, depending on the particular virus being  
20 used. The mutation can be a nucleotide deletion, insertion, inversion, or substitution of one or more nucleotide, or an insertion of a heterologous nucleic acid, or a combination thereof. As is known in the art, mutant viruses are sometimes capable of reversion to wild-type by correction of the introduced mutation. Mutations that are difficult to correct, such as deletions and/or multiple-nucleotide mutations, therefore, can be used to create mutant  
25 viruses in order to minimise reversion. In one embodiment of the present invention, the introduced mutation is a deletion. In another embodiment, the introduced mutation is a mutation involving two, three or more nucleotides. It is well known in the art that protein expression can be affected by mutations in either the coding region of a gene or the regulatory regions associated therewith. Mutations in a non-coding region or a coding  
30 region of a candidate gene, or combinations thereof, are encompassed by the present invention. In one embodiment, one or more mutation is engineered into the coding region of

a gene. In another embodiment, one or more mutation is engineered into the coding region of a gene that encodes a non-structural protein.

An example of a suitable gene encoding a non-structural protein is the gene encoding the matrix, or M, protein of Rhabdoviruses. The M protein from VSV has been well studied and has been shown to be a multifunctional protein required for several key viral functions including: budding (Jayakar, *et al.* 2000, *J Virol*, 74(21): 9818-27), virion assembly (Newcomb, *et al.* 1982, *J Virol*, 41(3): 1055-62), cytopathic effect (Blondel, *et al.* 1990, *J Virol*, 64(4): 1716-25), and inhibition of host gene expression (Lyles, *et al.* 1996, *Virology* 225(1): 172-80). The latter property has been shown herein to be due to inhibition of the nuclear transport of both proteins and mRNAs into and out of the host nucleus. Examples of suitable mutations that can be made in the gene encoding the VSV M protein include, but are not limited to, insertions of heterologous nucleic acids into the coding region, deletions of one or more nucleotide in the coding region, or mutations that result in the substitution or deletion of one or more of the amino acid residues at positions 33, 51, 52, 53, 54, 221, 226 of the M protein, or a combination thereof.

The amino terminus of VSV M protein has been shown to target the protein to the mitochondria, which may contribute to the cytotoxicity of the protein. A mutation introduced into this region of the protein, therefore, could result in increased or decreased virus toxicity. Examples of suitable mutations that can be made in the region of the M protein gene encoding the N-terminus of the protein include, but are not limited to, those that result in one or more deletion, insertion or substitution in the first (N-terminal) 72 amino acids of the protein.

The amino acid numbers referred to above describe positions in the M protein of the Indiana strain of VSV. It will be readily apparent to one skilled in the art that the amino acid sequence of M proteins from other VSV strains and Rhabdoviridae may be slightly different to that of the Indiana VSV M protein due to the presence or absence of some amino acids resulting in slightly different numbering of corresponding amino acids. Alignments of the relevant protein sequences with the Indiana VSV M protein sequence in order to identify suitable amino acids for mutation that correspond to those described herein can be readily carried out by a worker skilled in the art using standard techniques and software (such as the BLASTX program available at the National Center for Biotechnology Information website).

The amino acids thus identified are candidates for mutation in accordance with the present invention.

In one embodiment of the present invention, the mutant virus is a VSV with one or more of the following mutations introduced into the gene encoding the M protein (notation is: wild-type amino acid/amino acid position/mutant amino acid; the symbol  $\Delta$  indicates a deletion and X indicates any amino acid): M51R, M51A, M51-54A,  $\Delta$ M51,  $\Delta$ M51-54,  $\Delta$ M51-57, V221F, S226R,  $\Delta$ V221-S226, M51X, V221X, S226X, or combinations thereof. In another embodiment, the mutant virus is a VSV with one of the following combinations of mutations introduced into the gene encoding the M protein: double mutations - M51R and V221F; M51A and V221F; M51-54A and V221F;  $\Delta$ M51 and V221F;  $\Delta$ M51-54 and V221F;  $\Delta$ M51-57 and V221F; M51R and S226R; M51A and S226R; M51-54A and S226R;  $\Delta$ M51 and S226R;  $\Delta$ M51-54 and S226R;  $\Delta$ M51-57 and S226R; triple mutations - M51R, V221F and S226R; M51A, V221F and S226R; M51-54A, V221F and S226R;  $\Delta$ M51, V221F and S226R;  $\Delta$ M51-54, V221F and S226R;  $\Delta$ M51-57, V221F and S226R. Examples of mutant M proteins are depicted in Figure 6.

The present invention is also directed to isolated nucleic acid molecules (DNA or RNA) having a sequence of the mutant virus, or a fragment thereof, and sequences complementary thereto. Such sequences are useful in the generation of recombinant mutant viruses, or as primers or probes. In one embodiment, isolated nucleic acid molecules are provided having a sequence of a mutant VSV, fragments thereof and sequences complementary thereto. In another embodiment, isolated nucleic acid molecules are provided having a sequence of a VSV with one or more mutation in the M protein, fragments thereof and sequences complementary thereto.

## 2. *Testing Mutant Viruses*

In accordance with the present invention, the mutant viruses are characterised by a decreased ability to block nuclear mRNA or protein transport when compared to the wild-type virus. Loss of this ability may result in the mutant viruses exhibiting decreased cytolytic activity and/or in the mutant viruses triggering the anti-viral systems of the cell, which are normally blocked by the wild-type virus.

## 2.1 In vitro Testing

Candidate mutant viruses can be screened *in vitro* for a decrease in, or the loss of, their ability to block nuclear mRNA or protein transport. For example, an appropriate cell line can be infected with a candidate mutant virus, the cells can be harvested and nuclear and cytoplasmic fractions isolated. mRNA can be isolated from each of these fractions and assayed using techniques well known in the art, for example, by RT-PCR, Northern blot or microarray analysis. The mRNA content of the nuclear and cytoplasmic fractions can then be compared with suitable controls, such as the mRNA content of analogous fractions for cells infected with wild-type virus and/or for mock-infected cells.

Alternatively, *in situ* hybridisation assays can be used to test candidate mutant viruses. Such assays can be set up using one or more target mRNAs that either intrinsically have, or can be engineered to have, short half-lives. *In situ* hybridisation is then employed to detect these target mRNAs in cells previously infected with a candidate mutant virus. Detection of the target mRNA(s) in the cytoplasm after infection indicates a diminished ability of the candidate virus to block mRNA export out of the nucleus when compared to uninfected controls, and/or controls infected with a wild-type virus. This type of assay can be readily adapted for high-throughput screening by those skilled in the art.

Similarly, assays to test candidate mutants can be set up using a cell line that has been engineered by standard techniques to express a fluorescent protein encoded by a mRNA that has a short half-life. Cells from this engineered cell line are then separately infected with wild-type virus and a candidate mutant virus and monitored for fluorescence using established techniques. In those cells infected with wild-type virus, fluorescence will be lost due to the block by the virus of nuclear cytoplasmic transport of the nascent mRNA coding for the fluorescent protein. Mutant viruses which have a diminished ability to block mRNA transport, on the other hand, will fluoresce for a longer period of time. This type of assay also can be readily adapted for high-throughput screening by those skilled in the art.

In cells that are infected with a mutant virus, more of a particular reference mRNA will be detected in the cytoplasm than is detected in the cytoplasm of cells infected with the wild-type virus. In accordance with the present invention, infection of a cell with a mutant virus results in at least a 20-fold increase in the amount of a reference mRNA in the cytoplasm of the cell compared to the amount in the cytoplasm of a cell infected with the wild-type virus.



In one embodiment, infection of a cell with a mutant virus results in at least a 50-fold increase in the amount of a reference mRNA in the cytoplasm of the cell. In other embodiments, the increase is 100-fold, 250-fold, 500-fold or at least 1000-fold.

As indicated above, the mutant viruses may trigger anti-viral systems in an infected cell that are normally blocked or bypassed by the wild-type virus. Candidate mutant viruses can, therefore, also be screened based on their poor growth on cells with intact anti-viral systems when compared to wild-type virus. The mutant viruses should be able to grow as well as wild-type virus on cells deficient in one or more components of the anti-viral response. For example, mutant viruses that trigger the interferon system would grow poorly on interferon-responsive cells, but would grow as well as the wild-type virus on cells in which the interferon response has been disabled, such as tumour cells. The ability of the mutant viruses to trigger anti-viral systems in cells can also be determined by analysing the expression of those genes encoding components of the anti-viral response in infected cells by standard techniques, for example by Western blot or Northern analysis, or by microarray analysis, and comparing levels of expression to appropriate controls.

Mutant viruses that trigger an anti-viral response may also be able to protect neighbouring cells against infection by the wild-type virus. This ability can be tested by co-infection experiments using the mutant and wild-type viruses with cells that are normally susceptible to infection by the wild-type virus and determining the growth of the wild-type virus on the co-infected cells. Methods of conducting co-infection experiments are known in the art.

## 2.2 *In vivo Testing*

Once appropriate mutant viruses have been identified, suitable animal models can be used to evaluate the efficacy and toxicity of the mutant viruses using standard techniques known in the art.

For example, toxicity can be determined by conducting LD<sub>50</sub> tests. In one embodiment of the present invention, the mutant virus has a LD<sub>50</sub> between about 10 and about 10,000 fold greater than that of the wild-type virus. Alternatively, appropriate animal models can be treated with varying concentrations of the mutant virus and the toxic effects of the virus can then be evaluated over an appropriate time period by monitoring the general health and body weight of the animals. After the completion of the period of assessment, the animals

can be sacrificed and the appearance and weight of the relevant organs determined. Examples of suitable animal models include, but are not limited to, Balb/C mice and CD-1 mice. Other suitable animal models include those that are particularly susceptible to infection by a wild-type virus, such as those that are defective in a component of the anti-viral response. An example would be PKR<sup>-/-</sup> mice, which have been shown to be exquisitely susceptible to VSV infection.

The ability of the mutant viruses to trigger an anti-viral response can be tested *in vivo* using standard techniques. For example, animals can be treated with the mutant virus and subsequently challenged with the wild-type virus or a second virus. The survival of these animals can be compared to a control group that did not receive prior treatment with the mutant virus.

As indicated above, mutant viruses that trigger an immune response may also be able to protect a subject against simultaneous co-infection by the wild-type virus. To evaluate this protective effect of the mutant virus, the anti-viral response and toxicity profile can be determined for animals co-infected with wild-type and mutant virus and can be compared to animals infected with wild-type virus alone.

## **USES**

It will be readily apparent to a worker skilled in the art that the mutant viruses of the present invention are useful in a broad range of applications. Non-limiting examples are provided below.

### **1. Viral Vectors**

The present invention provides for the use of the mutant viruses of the invention as viral vectors. When used as viral vectors, the mutant viruses are engineered to incorporate at least one heterologous nucleic acid sequence encoding a therapeutically active molecule. The viral vector can be used to infect cells, which then express the therapeutically active molecule encoded by the heterologous nucleic acid sequence. Viral vectors can thus be used to deliver the heterologous nucleic acid to the cells of a subject for *in vivo* expression of the therapeutically active molecule.

The heterologous nucleic acid sequence incorporated into the viral vector can be derived from genomic DNA, cDNA, or RNA, for example, through the use of standard cloning and/or nucleic acid amplification techniques, or it can be chemically synthesised by methods known in the art. The nucleic acid sequence can be inserted into a non-essential region or gene in the genome of the virus or into a gene encoding a protein involved in blocking nuclear mRNA or protein transport using methods known in the art and described herein and elsewhere.

For the purposes of the present invention, the therapeutically active molecule encoded by the heterologous nucleic acid sequence can, for example, be a protein that, when expressed in a cell, supplements or supplies an activity that is deficient in the cell, thus enabling the cell to combat a pathological condition. Such proteins include, but are not limited to, enzymes, blood derivatives, hormones, lymphokines, growth factors, neurotransmitters, trophic factors, apolipoproteins, and tumour-suppressing genes, viral or tumour specific antigens or antigenic epitopes, immune modulators, interferon regulatory factors, cytokines and suicide genes. Those skilled in the art will understand that the inserted heterologous DNA/RNA may further include promoters, enhancers, terminators, polyadenylation signals, internal ribosomal entry sites, and other regulatory elements required for efficient expression of a gene encoded by the DNA or RNA. Alternatively, expression of the heterologous nucleic acid may be dependent, in whole or in part, on endogenous regulatory sequences of the viral vector.

The present invention also contemplates heterologous nucleic acid sequences that encode antisense oligonucleotides, ribozymes or siRNAs. Expression of these sequences in the target cell enables expression of cellular genes and/or the transcription of cellular mRNA to be controlled.

In one embodiment of the present invention, the mutant virus for use as a viral vector is a mutant Rhabdovirus. In another embodiment, the mutant virus is a Rhabdovirus containing one or more mutation in the M protein. In another embodiment, the mutant virus is VSV comprising one or more mutation in the M protein.

When used as viral vectors, the mutant viruses of the present invention can be used to engineer donor cells *ex vivo*, with the engineered cells then being returned to the donor or to

another patient, or the mutant viruses of the invention can be used to engineer a patient's cells *in vivo*. Such methods are well-known in the art.

In one embodiment of the present invention, the viral vectors are used as "gene therapy vectors" for the delivery to a subject of a heterologous nucleic acid encoding a protein,

5 which when expressed in the cells of the subject, supplements or supplies an activity that is otherwise deficient in the cell.

In another embodiment of the present invention, the viral vectors are used as vaccine vectors which carry a heterologous nucleic acid sequence encoding one or more antigen and are used to immunise an individual against disease and/or infection. The antigen can be, for  
10 example, a tumour, viral or bacterial antigen. The use of the viral vectors as "polyvalent" vaccine vectors is also contemplated wherein the vector comprises antigens against different organisms and thus provides immunisation against more than one disease or against infection by more than one organism.

Mutant viruses that trigger the anti-viral systems of a host cell, such as production of  
15 various cytokines, are particularly useful as vaccine vectors. Induction of cytokines can lead to stimulation of both humoral and cellular immune responses and thus improve the efficacy of the vaccine vector.

The effective amount of the mutant virus of the invention to be administered to a subject when used as a vaccine vector will vary depending on the encoded antigen(s), the age,  
20 weight and sex of the subject, and the mode of administration. A worker skilled in the art can determine the dosage required for immunization of a specific subject using standard techniques well-known in the art.

In order to evaluate the efficacy of the mutant viruses of the invention as vaccine vectors, challenge studies can be conducted. Such challenge studies are typically conducted using  
25 laboratory animals and involve the inoculation of groups of animals with a mutant virus by various techniques, *e.g.* intranasally, intramuscularly. Control groups to which the effects of the mutant virus can be compared should be set up in parallel. Control groups can include non-inoculated animals and animals inoculated with, for example, commercially available alternative vaccines. After an appropriate period of time post-inoculation, the animals are  
30 challenged with the pathogenic agent (*i.e.* the micro-organism, virus, or tumour cells).

Blood samples collected from the animals pre- and post-inoculation, as well as post-challenge are then analysed for an antibody response to the pathogenic agent. Suitable tests for the antibody response include, but are not limited to, Western blot analysis and Enzyme-Linked Immunosorbent Assay (ELISA). Alternatively, when the animals have been  
5 challenged with tumour cells, the growth of the tumour cells is monitored, for example, by monitoring the increase in the size or weight of the tumour.

Cellular immune response can also be assessed by techniques such as lymphocyte blastogenesis, to monitor induction of cellular immunity (T lymphocyte), and interferon release, to monitor induction of cytokines.

## 10 2. *Oncolytic Agents*

As is known in the art, certain viruses are capable of acting as selective oncolytic agents. Examples include, VSV, Newcastle disease virus, parvovirus H-1 and certain engineered viruses, such as the ONYX-015 human adenovirus (see, for example, International PCT applications WO 01/19380 and WO 00/62735 and Bell, JC, Lichty BD, and Stojdl D. 2003  
15 *Cancer Cell* 4:7-11). The effectiveness of oncolytic virus suppression of tumour cell growth in part resides in the differential susceptibility of tumour cells, compared to normal cells, to viral infection. Cancer cells gain a survival advantage over their normal counterparts by acquiring mutations in growth inhibitory or apoptotic pathways. One defect, frequently selected for during tumour evolution, is a loss of interferon (IFN) responsiveness. Interferon  
20 is also a key mediator of the individual cell's anti-viral response and thus tumour cells that acquire mutations allowing them to escape interferon mediated growth control programs, will simultaneously compromise their innate anti-viral response.

In such cells, where the innate anti-viral response is compromised the inability of the mutant viruses to block nuclear export of mRNA or protein will not affect the ability of the mutant  
25 virus to replicate in the cell. The mutant viruses of the present invention, which are capable of triggering anti-viral systems in an infected cell while remaining sensitive to those anti-viral systems, will thus be able to selectively replicate in and inhibit the growth of, or kill, tumour cells, but will be unable to replicate in normal cells. Accordingly, the present invention provides for the use of the mutant viruses as improved oncolytic agents.

It will be appreciated that viral proteins involved in blocking nuclear mRNA or protein transport may also have other effects on an infected cell. For example, the VSV M protein has been shown to be important for targeting the protein to the mitochondria of an infected cell leading to cytotoxic effects. The M protein has also been shown to interact with the host protein TSG101 to promote efficient budding of progeny virions from the infected cell.

The present invention, therefore, provides for recombinant mutant Rhabdoviruses having one or more mutation in the M protein that not only decreases the ability of the mutant virus to block nuclear transport, but also alters the interaction of the M protein with the mitochondria of the host cell. The N-terminus of VSV M protein has been shown to be important for the targeting of this protein to the mitochondria of an infected cell. Mutations in this region of the protein that enhance or abrogate this localisation will thus modulate the cytotoxic properties of the viral vector. Depending on the introduced mutation, the cytotoxicity of the mutant virus may be increased or decreased. Those mutant viruses engineered to have one or more mutation in the M protein resulting in an increased cytotoxicity would be particularly efficient oncolytic agents.

The present invention further contemplates the use of recombinant Rhabdoviruses having one or more mutation in the M protein that alter the interaction of the virus with the host protein TSG101. TSG101 is a tumour suppressor protein, the expression and function of which is often altered in malignant cells. Introduction of mutations into the M protein that interfere with this interaction can result in recombinant viruses that replicate more efficiently in tumour cells, leading to more effective oncolytic agents.

The oncolytic activity of the mutant viruses of the invention can be determined using standard xenograft tumour models, in which a human tumour has been implanted into an immune comprised animal. Examples of xenograft models of human cancer include, but are not limited to, human solid tumour xenografts in mice, implanted by sub-cutaneous injection and used in tumour growth assays; human solid tumour isografts in mice, implanted by fat pad injection and used in tumour growth assays; experimental models of lymphoma and leukaemia in mice, used in survival assays, and experimental models of lung metastasis in mice.

The oncolytic activity of the mutant viruses can be determined by comparing tumour growth in xenograft animals treated with mutant virus and untreated controls. Control animals that

have been infected with the wild-type oncolytic virus may also be used. The mutant viruses can be administered directly to the tumour or systemically, or they can be used to infect cells *ex vivo* with the cells subsequently being administered to the animal. Syngeneic mouse model systems in which tumours are established sub-cutaneously or by intravenous injection (to form lung tumours) can also be used to test the oncolytic activity of the mutant viruses.

### 3. *Vaccine Adjuvants*

Mutant viruses of the invention that are capable of triggering the anti-viral systems in a host cell are ideal candidates for vaccine adjuvants. As is known in the art, many antigens are not strongly immunogenic and, when used as vaccines, require the addition of an adjuvant to stimulate a strong immune response in the subject. The present invention contemplates the use of the mutant viruses as vaccine adjuvants to enhance the immunogenicity of the vaccine by triggering the host anti-viral response. In one embodiment of the present invention, the mutant virus acts as a vaccine adjuvant by stimulating production of interferons and other cytokines.

### 4. *Protective Agents in Pharmaceutical Preparations*

As indicated above, mutant viruses of the present invention that trigger the anti-viral systems of the cells which they infect can limit replication of the wild-type virus and other viruses attempting to infect neighbouring cells. Infection of cells with these mutant viruses, therefore, is not only self-limiting but also protects against the emergence of revertants. The mutant viruses can thus be used as additives for pharmaceutical preparations of viruses that protect against virulent revertants arising in the preparations either during production, or after administration to a subject.

### 5. *Other Therapeutic Applications*

As indicated above, triggering of the anti-viral systems of the host cell by a mutant virus of the invention results in production of various cytokines. These mutant viruses, therefore, can be used in the treatment of diseases or disorders that can be alleviated by cytokine release, for example, cancer, autoimmune diseases and bacterial, viral and fungal infections.

## 6. *Other Cytolytic Applications*

As is known in the art, many viruses, such as HIV and HCV, downregulate the anti-viral systems of the infected cell. Other viruses, such as Poxvirus, BVDV, Bunyaviridae, Rotavirus, Influenza virus and HPV, block the anti-viral response of a host cell as part of their replicative cycle. As a result, cells infected with one of these viruses may have an increased susceptibility to infection by the mutant viruses of the invention. As indicated above, in cells with compromised anti-viral responses, the mutant viruses will still be able to replicate. Accordingly, the mutant viruses of the present invention can be used as cytolytic agents that can selectively replicate in and kill such infected cells.

## 10 *PHARMACEUTICAL COMPOSITIONS*

The present invention further provides pharmaceutical compositions comprising the viruses of the invention and a pharmaceutically acceptable carrier.

The pharmaceutical compositions can be in the form of aqueous suspensions which contain the mutant virus in admixture with suitable excipients including but not limited to for example, suspending agents, such as sodium carboxymethylcellulose, methyl cellulose, hydropropylmethylcellulose, sodium alginate, polyvinylpyrrolidone, gum tragacanth and gum acacia; dispersing or wetting agents such as a naturally-occurring phosphatide, for example, lecithin. The aqueous suspensions may also contain one or more preservatives, for example ethyl, or n-propyl p-hydroxy-benzoate. The pharmaceutical compositions may be in the form of a sterile injectable suspension. This suspension may be formulated according to known art using suitable dispersing or wetting agents and suspending agents such as those mentioned above. The sterile injectable preparation may also be a sterile injectable solution or suspension in a non-toxic parentally acceptable diluent or solvent. Acceptable vehicles and solvents that may be employed include, but are not limited to, water, Ringer's solution, lactated Ringer's solution and isotonic sodium chloride solution.

Other pharmaceutical compositions and methods of preparing pharmaceutical compositions are known in the art and are described, for example, in "*Remington: The Science and Practice of Pharmacy*" (formerly "*Remingtons Pharmaceutical Sciences*"); Gennaro, A., Lippincott, Williams & Wilkins, Philadelphia, PA (2000).



**KITS**

The present invention provides for kits containing a mutant virus of the invention for use in immunisation, and for kits containing a mutant virus of the invention carrying one or more heterologous genes for use as a vector for the delivery of a heterologous gene(s) to a  
5 subject. The mutant viruses may be provided in the kits in the form of pharmaceutical compositions. Individual components of the kits would be packaged in separate or common containers and, associated with such containers, can be a notice in the form prescribed by a governmental agency regulating the manufacture, use or sale of pharmaceuticals or biological products, which notice may reflect approval by the agency of manufacture, use or  
10 sale for animal or human administration.

The components of the kit may also be provided in dried or lyophilised form and the kit can additionally contain a suitable solvent for reconstitution of the lyophilised components. Irrespective of the number or type of containers, the kits of the invention also may comprise an instrument for assisting with the administration of the composition to a subject. Such an  
15 instrument may be an inhalant, syringe, pipette, eye dropper or similar medically approved delivery vehicle.

**EXAMPLES****EXAMPLE 1: ONCOLYTIC VSV STRAINS WITH DEFECTS IN THE SHUTDOWN OF IFN- $\beta$  SIGNALLING****20 Materials and Methods***Viruses*

The Indiana serotype of VSV was used throughout this study and was propagated in L929 cells. T1026R (Desforges, *et al.* 2001, *Virus Research* 76(1): 87-102), and TP3 (Desforges, *et al.* 2001, *ibid*) herein referred to as AV1 (or Mut2) and AV2 (or Mut3) respectively, were  
25 shown in this study and elsewhere to be IFN-inducing mutants of the HR strain of wild-type VSV Indiana (Francoeur, *et al.* 1987, *Virology* 160(1): 236-45).

*IFN production ELISA*

Interferon- $\alpha$  levels were measured in cell culture media using Human Interferon-Alpha ELISA kit (PBL Biomedical) per manufacturer's directions. Briefly, 100  $\mu$ l of culture medium was collected at 48 hours post-infection and incubated in a 96-well microtiter plate along with blanks and standards supplied by manufacturer. Samples were processed as per manufacturer's instructions and then read on a DYNEX™ plate reader at 450 nm.

*Determination of in vivo toxicity of VSV mutant viruses*

Eight (8) to 10 week old female mice (strains as indicated) were divided into groups of 5 and infected with 1 log or  $\frac{1}{2}$  log dilutions of virus from  $1 \times 10^{10}$  pfu to  $1 \times 10^2$  pfu (depending on the virus and mouse strain) by the indicated route. Animals were monitored for weight loss, dehydration, piloerection, huddling behaviour, respiratory distress and hind limb paralysis. Mice showing moderate to severe morbidity were euthanized as per good laboratory practices prescribed by the CCAS. Lethal dose 50 values were calculated by the Karber-Spearman method.

Four week old Balb/C mice or Balb/C interferon alpha receptor knock out mice (IFNAR<sup>-/-</sup>) (Steinhoff *et al.*, 1995, *J. Virol.*, 69:2153-2158) were infected intranasally with  $10^4$  pfu of either: WT VSV, AV1 or AV2. Mice were monitored for signs of morbidity and were euthanized upon signs of severe respiratory distress.

*Determination of in vivo toxicity of mixed samples of wild-type and mutant VSV strains*

Balb/C PKR<sup>-/-</sup> mice were previously determined to be highly sensitive to intranasal infection with WT VSV with an LD100 of approximately 10 pfu (Stojdl *et al.*, 2000, *J. Virol.*, 74:9580-9585). Groups of 3 mice were infected by intranasal instillation with either: WT, AV2 or mixtures of these strains. Mice were monitored for signs of morbidity and were euthanized upon signs of severe respiratory distress or hind limb paralysis.

*Ovarian xenograft cancer model in athymic mice*

Approximately  $1 \times 10^6$  ES-2 human ovarian carcinoma cells were injected into the peritoneal cavity of CD-1 athymic mice. Ascites development is generally observed by day 15 after cell injection. On days 12, 14, and 16, mice were treated with  $1 \times 10^9$  AV2 virus or  $1 \times 10^9$

pfu equivalent of UV-inactivated AV2 VSV, intraperitoneal injection. Mice were monitored for morbidity and euthanized upon development of ascites.

#### *Subcutaneous tumour model*

To establish subcutaneous tumours, 8-10 week old Balb/c female mice were shaved on the right flank and injected with  $1 \times 10^6$  CT26 colon carcinoma cells (Kashtan, *et al.* 1992, *Surg Oncol* 1(3): 251-6) syngeneic for Balb/c mice. These tumours were allowed to develop until they reached approximately  $10 \text{ mm}^3$  at which time virus treatments were initiated. Groups of animals received 1, 6 or 12 doses of the indicated virus, every other day. Each dose of  $5 \times 10^8$  pfu was administered by tail vein injection. Tumours were measured daily and volumes calculated using the formula  $\frac{1}{2}(L \times W \times H)$ . Mice were weighed daily and monitored for weight loss, dehydration, piloerection, huddling behaviour, respiratory distress and hind limb paralysis. Animals were euthanized when their tumour burden reached end point ( $750 \text{ mm}^3$ ).

#### *Lung model*

Lung tumours were established in 8-10 week old female Balb/c mice by tail vein injection of  $3 \times 10^5$  CT26 cells (Specht, *et al.* 1997, *J Exp Med* 186(8): 1213-21). On days 10, 12, 14, 17, 19 and 21, groups of mice received  $5 \times 10^7$  pfu of the indicated virus by intranasal instillation as described elsewhere (Stojdl, *et al.* 2000, *Journal of Virology* 74(20): 9580-5). Mice were weighed daily and monitored for weight loss, dehydration, piloerection, huddling behaviour, respiratory distress and hind limb paralysis. Animals were euthanized at the onset of respiratory distress and their lungs examined to confirm tumour development.

#### *MTS assay*

In each experiment, the test cell line was seeded into 96-well plates at  $3 \times 10^4$  cells/well in growth medium (DMEM-F12-HAM + 10% FBS). Following overnight incubation ( $37^\circ\text{C}$ , 5%  $\text{CO}_2$ ), media was removed by aspiration and to each well was added 20  $\mu\text{l}$  of virus-containing media ( $\alpha$ -MEM, no serum) ranging in 10-fold increments from  $3 \times 10^6$  pfu/well to 3 pfu/well or negative control media containing no virus. Each virus dose tested was done in replicates of six. After a 60 minute incubation to allow virus attachment, 80  $\mu\text{l}$  of growth medium was added to each well and the plates were incubated for another 48 hours. Cell viability was measured using the CellTitre 96™ AQueous MTS reagent (Promega

Corp.), which makes use of solutions of a tetrazolium compound (3-(4,5-dimethylthiazol-2-yl)-5-(3-carboxymethoxyphenyl)-2-(4-sulfophenyl)-2H-tetrazolium, inner salt; MTS) and an electron coupling reagent (phenazine methosulfate; PMS). MTS is bio-reduced by cells into a formazan product that is soluble in tissue culture medium. The absorbance of the formazan product at 490 nm can be measured directly from 96-well assay plates. The quantity of formazan product, as determined from the absorbance at 490 nm, is directly proportional to the number of living cells in culture.

To assay for IFN defects, cell lines were pretreated with either 5 units/ml of IFN- $\alpha$  or IFN- $\beta$  for 12 hours and then challenged with a range of doses of WT VSV as described above. A standard MTS assay was performed and the results compared with results from non-pretreated cells.

#### *Microarray*

OVCAR4 cells either mock treated or infected with wild-type (WT) and mutant VSV strains were harvested in PBS, pelleted and resuspended in 250  $\mu$ l of resuspension buffer (10 mM Tris pH 7.4, 15 mM NaCl, 12.5 mM MgCl<sub>2</sub>). 600  $\mu$ l of Lysis buffer (25 mM Tris pH 7.4, 15 mM NaCl, 12.5 mM MgCl<sub>2</sub>, 5% sucrose and 1% NP-40) was added and the lysates were incubated at 4°C for 10 min. with occasional vortexing. Nuclei were collected by centrifugation at 1000 x g for 3 min. The supernatant (cytoplasmic fraction) was collected and frozen at -80°C, while the pellet (nuclear fraction) was washed once with 250  $\mu$ l of lysis buffer and frozen. Total RNA was isolated from both nuclear and cytoplasmic fractions using the Qiagen RNeasy™ kit (as per manufacturer's instructions; Qiagen, Mississauga, Canada) followed by LiCl precipitation to concentrate each sample. Twenty micrograms of each RNA sample was processed according to manufacturer's standard protocol (Affymetrix; Santa Clara CA, USA) and hybridized to an Affymetrix GeneChip™ Human Genome U133A Array (HG U133A chip). Each chip was scaled to 1500, normalized to the 100 normalization control genes present on each HG U133A chip, then all nuclear samples were normalized to the mock nuclear sample on a per gene basis, and the cytoplasmic fractions were normalized to the corresponding mock cytoplasmic sample. Data was analysed using Genespring™ software (Silicon Genetics; Redwood City CA, USA).

*Western Blotting*

OVCAR4 cells were grown in RPMI (Wisent) supplemented with 10% Fetal Bovine Serum (Wisent).  $1.0 \times 10^7$  cells were plated in 10 cm dishes the day prior to infection. Upon infection, the media was removed and replaced with RPMI alone prior to the addition of  $5 \times 10^7$  pfu per VSV viral strain. One hour after virus addition, media was removed and replaced with RPMI supplemented with 10% FBS for the remaining duration of the experiment. Cells were lysed in standard NP-40 lysis buffer and 75  $\mu$ g of whole cell extract were run on SDS-polyacrylamide gel and blotted with the following antibodies as indicated: IRF-7 (sc-9083), IRF-3 (sc-9082), ISG56 (a gift from Genes Sen), VSV-N (polyclonal directed against the full length Indiana N protein), and Actin (sc-8432).

*Constructs and viral rescue*

Creation of the constitutively active IRF-7 $\Delta$  (IRF-7 $\Delta$  247–467) has been previously described elsewhere (Lin *et al.*, 2000, *J. Biol. Chem.*, 275:34320-34327). IRF-7 $\Delta$  247–467 was amplified by PCR using a forward primer to the Flag epitope with an additional 5' VSV cap signal and an Xho1 linker:

5'-ATCGCTCGAGAACAGATGACTACAAAGACGATGACGACAAG-3' [SEQ ID NO:7]

together with a specific IRF-7 reverse primer containing a VSV poly A signal and an Nhe1 linker:

5'-ATCGGCTAGCAGTTTTTTTCAGGGATCCAGCTCTAGGTGG GCTGC-3' [SEQ ID NO:8]

The PCR fragment was then cloned into the Xho1 and Nhe1 sites of the rVSV replicon vector pVSV-XN2 (provided by John Rose). Recovery of rVSV has been previously described (Lawson *et al.*, 1995, *Proc. Natl. Acad. Sci. USA*, 92:4477-4481).

*Quantitative PCR of Interferon beta mRNA*

Nuclear and cytoplasmic total RNA from infected or mock infected OVCAR4 cells was isolated as per manufacturers instruction (RNeasy; Qiagen, Mississauga, Canada). Four micrograms of total RNA was DNase treated and reverse transcribed. Quantitative PCR

was performed in triplicate to amplify IFN- $\beta$  and hypoxanthine-guanine phosphoribosyltransferase (HPRT) targets from each using Roche Lightcycler™ technology (Roche Diagnostics, Laval, Canada). Crossing points were converted to absolute quantities based on standard curves generated for each target amplicon. IFN- $\beta$  signal was subsequently normalized to HPRT as HPRT levels are unchanged during the course of these infections, data not shown. Primers used to amplify IFN- $\beta$  were:

sense 5'-TTGTGCTTCTCCACTACAGC-3' [SEQ ID NO:9];

antisense 5'-CTGTAAGTCTGTTAATGAAG-3' [SEQ ID NO:10]

and HPRT primers were:

sense 5'-TGACACTGGCAAACAATGCA-3' [SEQ ID NO:11];

antisense 5'-GGTCCTTTTCACCAGCAAGCT-3' [SEQ ID NO:12].

*RT-PCR of interferon alpha and interferon stimulated genes*

A549 cells cultured in F12K medium supplemented with 10% FBS were infected with WT or mutant VSV strains (MOI 10, wherein MOI refers to Multiplicity Of Infection, which is the ratio of infectious virus particles to cells). RNA was extracted 4 hours post infection using Trizol (Invitrogen) according to the manufacturer's instructions. One microgram of RNA was reverse transcribed with Oligo dT primers and 5% of RT was used as template in a Taq PCR. Primers used were as follows:

Mx forward primer 5'-ATG GTT GTT TCC GAA GTG GAC-3' [SEQ ID NO:13];

Mx reverse primer 5'-TTT CTT CAG TTT CAG CAC CAG-3' [SEQ ID NO:14];

VSV N forward primer 5'-ATG TCT GTT ACA GTC AAG AGA ATC-3' [SEQ ID NO:15];

VSV N reverse primer 5'-TCA TTT GTC AAA TTC TGA CTT AGC ATA-3' [SEQ ID NO:16];

RANTES forward primer 5'-TAC ACC AGT GGC AAG TGC TCC AAC CCA G-3' [SEQ ID NO:17];

RANTES reverse primer 5'-GTC TCG AAC TCC TGA CCT CAA GTG ATC C-3' [SEQ ID NO:18];

$\beta$ -Actin forward primer 5'-ACA ATG AGC TGC TGG TGG CT-3' [SEQ ID NO:19] and

$\beta$ -Actin reverse primer 5'-GAT GGG CAC AGT GTG GGT GA-3' [SEQ ID NO:20].

## 5 Results

### *Attenuation of VSV in vivo is dependent upon intact interferon pathways*

Two variants of VSV which produce small plaques on interferon responsive cells (herein referred to as AV1 and AV2), were found to induce from twenty to fifty times more interferon alpha (IFN- $\alpha$ ), than wild type (WT) VSV following infection of epithelial cell lines (Figure 1A). Complete genomic sequencing of the variants revealed that they differed from the wild type strain in their M proteins with only a single amino acid substitution in the case of AV1 (M51R) and two amino acids (V221F and S226R) in AV2. The LD<sub>50</sub> of AV1 and AV2 when delivered intranasally to Balb/C mice was determined to be 10,000 times greater than WT VSV delivered by the same route (Figure 1B). Similar results were seen in CD-1 mice (WT=  $1 \times 10^6$ ; AV1=  $2 \times 10^8$  pfu). Significantly, AV1 and AV2 were as toxic as wild type virus when used to infect interferon receptor knock-out animals indicating that the attenuation of AV1 and AV2 growth *in vivo* is dependent upon an intact interferon system (Figure 1C). Furthermore, when used in combination with WT VSV, the mutant strain AV2 was found to protect highly susceptible mice (PKR<sup>-/-</sup>) from WT VSV (Figure 1D). In fact, even at a dose 100 times greater than the LD<sub>100</sub> for WT VSV, no signs of morbidity (dehydration, piloerection, malaise, decreased activity, respiratory distress, hind limb paralysis) were apparent when mice were challenged with AV2 and WT VSV simultaneously. Together with the observation that these mutants allow IFN to be produced following infection, this data is consistent with a model whereby infection with AV1 or AV2 mutant strains of VSV induces interferon production in the host, thereby establishing an antiviral state protecting the host from pathologic infection.

### *Both wild type and attenuated VSV mutants trigger innate anti-viral responses*

To determine at what point during infection the wild type and attenuated viruses diverge in their abilities to induce or inactivate host cell antiviral responses, the early signalling events

occurring during VSV infection of a host cell needed first to be established. The use of microarray analysis over a time course of virus infection should allow early signalling events triggered by VSV infection to be detected which lead either directly or indirectly to the transcriptional activation of antiviral genes. It is evident from the microarray data that VSV infection leads to the upregulation of a number of genes in a specific, sequential order. Genes were, therefore, grouped together based on: (1) their kinetics of upregulation over time and (2) their pattern of induction in response to WT versus mutant VSV infection. These cohorts of genes likely correspond to 3 separate transcriptional waves (Table 1, and Figure 2A, B and C). Consistent with this, IFN- $\beta$ , IRF-7 and IFN- $\alpha$  subtypes segregated each to separate cohorts. Other groups have established that, in response to a number of stimuli, the latent transcription factors IRF-3, NF $\kappa$ B and c-JUN/ATF-2 become activated and assemble together with CBP/p300 on the IFN- $\beta$  promoter to induce its expression (Wathelet *et al.*, 1998, *Mol. Cell* 1:507-518). Also, IFN- $\beta$  is known to act in an autocrine fashion to induce the activation of the ISGF3 transcriptional complex leading to the induction of IRF-7 and other genes containing ISRE elements in their promoters (Lu *et al.*, 2000, *J. Biol. Chem.*, 275:31805-31812; Zhang and Pagano, 1997, *Mol. Cell Biol.*, 17:5748-5757; Zhang and Pagano, 2001, *J. Virol.*, 75:341-350). Furthermore, ectopic expression of IRF-7 has been shown to be critical for the expression of IFN- $\alpha$  in cells unable to form ISGF3 complexes (Sato *et al.*, 1998, *FEBS Lett.*, 441:106-110). This ascribed dependency of IFN- $\alpha$  induction on IRF-7 and IRF-7 expression on IFN- $\beta$  is reminiscent of the kinetic profiles of the genes in the described array. In light of these observations, and assuming IFN- $\beta$ , IRF-7 and IFN- $\alpha$ 1 as archetypal genes in a general model, it appears that these cohorts of genes may correspond to 3 separate transcriptional waves; each dependent on, and triggered by the previous transcriptional wave (Table 1, and Figure 2A, B and C).



**Table 1. Microarray analysis of the transcriptional response to VSV infection over time**

Accession #	Common name	WT			AV1			AV2		
		Hours post infection			Hours post infection			Hours post infection		
		3	6	12	3	6	12	3	6	12
PRIMARY TRANSCRIPTIONAL RESPONSE										
NM_000201.1	CD54	2.3	A	A	3.3	3.0	33.6	2.7	5.4	56.8
NM_016323.1	CEB1	2.0	21.2	204.4	1.6	38.0	279.3	1.9	73.6	490.5
U83981	GADD34	10.8	57.5	95.0	3.1	48.8	422.7	5.5	159.0	686.7
NM_002176.1	IFN beta	4.2	103.2	488.6	3.2	154.5	1531.6	3.6	487.3	2157.9
NM_000600.1	IL6	7.3	19.1	38.2	3.8	44.7	171.6	7.4	120.3	238.7
BE888744	ISG54	19.5	173.1	804.5	4.7	141.0	721.9	11.4	268.4	1357.8
NM_001548.1	ISG56	32.3	285.9	855.2	20.0	456.8	1411.7	39.8	766.0	1992.1
NM_001549.1	ISG60	7.6	57.5	238.0	4.1	97.7	288.6	7.0	151.6	457.7
AF063612.1	OASL	6.6	71.8	222.0	3.4	81.9	388.9	5.7	172.0	776.9
NM_021127.1	PMAIP1	5.2	22.1	58.6	2.1	17.3	87.5	4.3	34.3	169.8
NM_002852.1	PTX3	5.9	3.1	A	6.4	11.7	114.0	4.9	29.9	117.6
AF332558.1	PUMA	10.6	A	A	A	38.7	211.6	9.8	77.8	428.0
NM_002985.1	RANTES	3.4	60.1	945.0	2.6	84.9	1796.7	4.1	301.8	3916.1
AY029180.1	SUPAR	3.7	9.8	14.7	2.4	10.5	40.5	2.8	27.7	46.3
NM_006290.1	TNFAIP3	2.8	6.3	15.5	2.7	13.8	83.5	3.1	30.5	152.8
SECONDARY TRANSCRIPTIONAL RESPONSE										
NM_030641.1	APOL6	A	A	A	A	15.3	40.8	A	25.2	37.3
AF323540.1	APOLL	1.8	A	A	1.0	11.3	25.7	2.2	10.7	34.5
U84487	CX3C chemokine precursor	2.0	2.5	2.5	1.7	7.0	45.1	2.3	14.1	65.9
BC002666.1	GBP1	A	A	4.2	A	35.9	171.6	1.4	66.2	249.2
NM_006018.1	HM74	A	A	A	2.2	29.1	72.5	A	66.4	45.4
NM_031212.1	hMRS3/4	A	A	A	2.5	4.2	21.3	A	10.1	18.3
NM_005531.1	IFI16	A	A	A	2.4	12.8	38.1	2.8	18.9	46.2
NM_005532.1	IFI27	A	A	21.9	A	36.6	281.0	A	51.0	295.4
NM_004509.1	IFI41	A	A	A	A	10.0	22.8	1.3	11.9	18.1
NM_022873.1	IFI-6-16	0.9	2.5	2.2	0.7	7.0	15.6	1.1	9.6	15.7
NM_003641.1	IFITM1	1.9	A	A	1.2	8.5	67.1	1.9	14.3	42.1
AA749101	IFITM1	1.2	3.1	2.3	1.0	6.6	40.9	1.2	9.5	32.6
NM_000882.1	IL12A	1.6	A	A	A	4.9	13.7	A	6.5	28.8
MI5329.1	IL1A	nd	A	A	A	8.3	79.4	A	27.0	287.6
NM_004030.1	IRF7	1.4	A	A	A	19.9	109.9	2.2	33.7	144.3
NM_006084.1	IRP9	A	A	1.2	1.6	6.5	11.2	1.5	7.8	17.4
BC001356.1	ISG35	1.1	A	A	1.0	5.8	23.2	1.4	7.1	20.2
AF280094.1	ISG75	1.3	1.8	2.2	1.5	10.3	16.2	1.2	12.5	13.8
AF280094.1	ISG75	0.9	1.7	A	1.2	7.5	10.8	1.5	9.5	11.1
U17496.1	LMP7	A	A	A	A	7.6	15.3	0.9	10.0	10.4
NM_006417.1	MTAP44	A	A	23.3	A	10.8	82.7	A	18.0	133.9
NM_002462.1	MX A	A	A	27.6	A	48.1	261.9	A	85.7	232.9
AB014515	NEDD4 BP1	A	A	9.2	2.0	4.0	13.1	1.5	4.5	19.5
NM_002759.1	PKR	0.5	0.9	2.0	0.8	4.3	15.2	1.0	6.6	9.6
NM_021105.1	PLSCR1	1.4	1.7	A	2.2	5.0	24.9	2.1	4.9	15.1
NM_017912.1	putative Ub ligase	A	A	19.1	A	9.6	26.3	A	12.5	24.8
BF939675	SECTM1	A	A	A	A	20.7	93.8	A	24.8	33.9
BC004395.1	Similar to apolipoprotein L	A	A	A	A	11.7	17.2	A	14.6	21.3
NM_003141.1	SSA1	A	A	A	1.2	5.9	11.2	1.4	7.9	11.1
AA083478	STAF50	nd	A	nd	1.7	8.5	96.3	nd	16.7	56.1
NM_005419.1	STAT2	1.1	A	A	1.3	3.0	9.1	1.1	4.3	9.1
NM_003810.1	TRAIL	A	A	A	A	22.4	135.4	0.7	37.3	88.6
NM_020119.1	ZAP	A	A	19.4	0.9	4.6	79.9	A	11.4	133.8
TERTIARY TRANSCRIPTIONAL RESPONSE										
M12350.1	IFN-27	A	A	A	nd	nd	102.3	nd	A	101.4
NM_024013.1	IFNA1	nd	A	A	nd	2.2	53.6	nd	A	44.0
NM_002171.1	IFNA10	A	A	A	A	A	96.2	A	A	55.1
NM_006900.2	IFNA13	A	A	A	A	A	165.4	A	A	152.1
NM_002172.1	IFNA14	A	A	A	A	A	159.0	nd	A	91.1
NM_002173.1	IFNA16	1.0	A	1.8	1.1	0.9	139.9	0.7	3.3	95.7
M38289.1	IFNA17	A	A	A	A	A	21.5	A	A	19.8
NM_002169.1	IFNA5	1.0	A	A	0.9	A	16.4	0.9	A	11.6
NM_021057.1	IFNA7	A	A	3.5	A	A	105.0	A	3.4	61.7

Data represented as fold change compared to mock infected samples. All samples are from nuclear fractions of infected cells

A= Absent (no detectable mRNA); nd = no data; boxed genes represent "archetypal genes", see text for explanation

*WT VSV M protein blocks interferon beta signalling, while M protein from AV1 and AV2 cannot.*

With a better understanding of the early transcriptional response to VSV infection, an understanding of the differences in these responses between the WT and “IFN-inducing strains” was sought. By Western blotting, it appears that WT, AV1 and AV2 viruses trigger IRF-3 phosphorylation with similar kinetics (Figure 2E). Further, it was found that some of the genes directly regulated by the transcription factors IRF-3, NF $\kappa$ B and c-JUN/ATF-2 were upregulated to the same degree in cells infected with WT, AV1 or AV2 viruses (Figure 2A). For example, primary response genes were robustly induced 3- 6 hours post infection by all three viruses (Figure 2A, D and E). On the other hand, secondary response genes that require the production of IFN- $\beta$  and the autocrine activation of the JAK/STAT pathway (Figure 2B), were differentially induced by the wild type and attenuated viruses (see IRF-7 in Figure 2B & 2E). As a consequence of the impaired IRF-7 production in WT VSV infected cells, tertiary response gene products like the IFN- $\alpha$  transcripts were not induced in wild type VSV infected cells (Figure 2C) although strongly expressed in AV1 and AV2 infected cells. Taken together, these results suggest that wild type VSV, through its M protein, affects a block between the primary and secondary antiviral transcriptional responses shown in Figure 2. In earlier transfection experiments it has been suggested that VSV M protein either blocks the transcription of IFN- $\beta$  (Ferran and Lucas-Lenard, 1997, *J. Virol.*, 71:371-377), inhibits the nuclear export of mRNAs (Her *et al.*, 1997, *Science*, 276:1845-1848; von Kobbe *et al.*, 2000, *Mol. Cell*, 6:1243-1252), or interferes with Jak/Stat signaling (Terstegen *et al.*, 2001, *J. Immunol.*, 167:5209-5216). The transcript profiling studies described herein would be consistent with either of the latter two mechanisms, however, no impairment in the induction of the Jak/Stat pathway by exogenous interferon in infected cells was observed (data not shown). On the other hand, when microarray or RT-PCR analysis was used to compare and contrast transcripts in nuclear and cytoplasmic fractions, clear differences between wild type and attenuated virus infected cells were found (Figure 3). Importantly, IFN- $\beta$  mRNA although induced in nuclear fractions by all three viruses was not found to a significant degree in the cytoplasmic pool of mRNAs in wild type infected cells.

In total, these results are consistent with the idea that upon infection, wild type VSV triggers a primary antiviral response, but through co-ordinate expression of viral gene products

blunts secondary and tertiary responses by blocking nuclear export of critical antiviral mRNAs. In support of this model, a wild type VSV that expresses a constitutively active version of IRF-7 was constructed. As expected, this virus has an attenuated phenotype and is capable of inducing the expression of IFN- $\alpha$  genes within 4 hours post infection, even in the presence of wild type VSV M protein (Figure 2D; IFN- $\alpha$  is not expressed until 12 hours post infection in the case of AV1 and AV2 infections: Table 1).

*Attenuated viruses AV1 and AV2 retain their ability to kill tumour cells*

To assess the oncolytic properties of the attenuated VSV strains, the NCI human tumour cell panel (60 cell lines from a spectrum of malignancies) was challenged with either: WT, AV1 or AV2 viruses, and assayed for metabolic cell death 48 hours later as described in Materials and Methods. It is clear from Table 2A that WT VSV is able to productively infect and kill a wide range of different cancer cell types. Furthermore, as our earlier work had indicated (Stojdl DF, Lichty B, Knowles S, Marius R, Atkins H, Sonenberg N, Bell JC 2000 *Nature Medicine* 6:821-5), the majority of cancer cell lines tested (some 80%) demonstrated impaired responses to either IFN- $\alpha$  or IFN- $\beta$  (Table 2B). Not surprisingly therefore, AV1 and AV2 were as effective at killing these tumour cell lines as WT VSV, presumably due to the IFN signalling defects in these cells (Table 2A & B).

**Table 2A: Mutant VSV strains are highly lytic on members of the NCI 60 panel of cancer cell lines.**

	WT		AV1		AV2	
		MOI		MOI		MOI
Leukemia	67% (4/6)*	0.13	nd		60% (3/5)	0.02
NSC Lung carcinoma	78% (7/9)	0.02	60% (3/5)	0.001	75% (6/8)	0.19
Colon carcinoma	86% (6/7)	0.037	100% (5/5)	0.001	100% (6/6)	0.017
CNS	80% (4/5)	0.02	50% (1/2)	0.6	60% (3/5)	0.38
Melanoma	75% (6/8)	0.1	100% (2/2)	0.15	63% (5/8)	0.25
Ovarian carcinoma	100% (6/6)	0.3	67% (2/3)	0.0005	60% (3/5)	0.14
Renal carcinoma	88% (7/8)	0.24	100% (3/3)	0.14	100% (7/7)	0.48
Prostate	100% (2/2)	0.06	100% (2/2)	0.035	100% (2/2)	0.04
Breast	83% (5/6)	0.009	75% (3/4)	0.005	60% (3/5)	0.12
All cell lines tested	82% (47/57)	0.11	80% (21/26)	0.07	75% (38/51)	0.20

\* Percent of NCI 60 panel cell lines by tumour type deemed highly sensitive to virus infection. () denote the number of highly susceptible cell lines out of the number of cell lines tested. Cell line deemed highly susceptible if the  $EC_{50} \leq$  MOI of 1 following a 48 infection. MOI represents average  $EC_{50}$  (MOI) of susceptible cell lines. nd = not determined

**Table 2B: The majority of cell lines in the NCI 60 cell panel show IFN defects**

	<i>Type I IFN defects</i>
Leukemia	100% (6/6)*
NSC Lung carcinoma	71% (5/7)
Colon carcinoma	100% (7/7)
CNS	75% (3/4)
Melanoma	85% (6/7)
Ovarian carcinoma	67% (4/6)
Renal carcinoma	75% (6/8)
Prostate	100% (2/2)
Breast	60% (3/5)
All cell lines tested	81% (42/52)

\*Denotes the number of cell lines in each group which were unresponsive to either IFN- $\alpha$  or IFN- $\beta$  pre-treatment. Cell line deemed unresponsive if IFN pre-treatment was unable to significantly affect (<10 fold) the EC<sub>50</sub> of cells infected with WT VSV for 48 hours.

#### 5. In vivo oncolytic activity of AV1 and AV2

Previously the successful treatment of subcutaneous xenograft tumours in nude mice with WT VSV was reported (Stojdl, *et al.* 2000, *Nature Medicine* 6(7): 821-5), however, in these experiments, exogenous interferon was required to protect the immunodeficient animals from the virus treatments. The results described above suggest that AV1 and AV2 should efficiently kill tumour cells with little toxicity in nude mouse models even in the absence of exogenously administered interferon. Human ovarian carcinoma cells were injected into the peritoneal cavity of CD-1 nude mice and allowed to grow for 12 days. Most mice (14/15) receiving UV-inactivated virus developed ascites by day 15 post treatment (the remaining mouse in this cohort reached endpoint on day 39). In contrast, 3 doses of AV2 delivered into the peritoneal cavity provided durable cures of 70% of the mice (Figure 4A). Remarkably while a single intraperitoneal dose of WT VSV is uniformly lethal to nude mice, none of the animals treated with three doses of AV2 exhibited even symptoms of virus infection (e.g. malaise, weight loss, dehydration).

#### *Systemic treatment of subcutaneous tumours with AV1 and AV2*

20 While the AV1 and AV2 strains are effective when injected into the primary site of tumour seeding, the therapeutic efficacy of systemically delivered attenuated strains needed

to be determined. To this end, subcutaneous tumours were established by injecting CT26 colon carcinoma cells into the hind flank of syngeneic Balb/c mice. Once tumours became palpable (approximately 10 mm<sup>3</sup>) virus was administered via tail vein injection. Twelve days post-treatment, mice receiving UV-inactivated VSV reached end point with an average tumour size of 750 mm<sup>3</sup>. In contrast, a single treatment with AV2 showed significant efficacy, delaying the time to endpoint by almost 3 fold (34 days). Of the 8 animals in this treatment group, 7 were considered partial responders, while only 1 mouse did not respond to the treatment (Table 3). When multiple doses of AV1 or AV2 were given intravenously, the efficacy of the treatments was markedly increased (Figure 4B & Table 3). With the exception of one animal, all tumours responded to treatment with AV1, with 3/6 mice showing complete tumour regression. Two of these mice showed complete regressions as early as day 8 and 9 respectively post-infection. Two of the remaining animals showed partial responses, delaying tumour progression by almost 2 fold compared to controls. All eight AV2 infected mice responded well to treatment with five of eight developing durable tumour regressions. In fact no sign of tumour re-growth was evident even 7 months post treatment. Furthermore, these mice failed to produce tumours when re-challenged with CT26 cells 7 months post treatment, with no trace of detectable virus (data not shown), perhaps indicating host mediated immunity to the tumour had developed.

Doubling the number of viral doses administered to tumour bearing animals did not increase the number of durable regressions (Table 3) suggesting that anti-viral immunity arising during the course of treatment may influence outcome. Also, in an approach described previously with oncolytic HSV (Lambright *et al.*, 1999, *Ann. Thorac. Surg.*, 68:1756-1760 and 1761-1772), the utility of injecting virus infected cells, instead of virus alone, as a therapeutic modality was tested. It was reasoned that infected cells might function as "Trojan horses" masking virus while in the vascular system and facilitating delivery of virus when they lodge in tumour neo-vasculature. To this end, CT-26 cells infected *in vitro* for two hours with AV2 were injected into the tail vein of tumour bearing mice. In these experiments, infected CT-26 cells appeared to be as effective a mode of delivering virus to tumour sites as using purified virus (three complete regressions and one partial response; Figure 4B).

All forms of intravenous treatment were well tolerated by the mice, with no mortalities occurring, and minimal signs of morbidity. Infected mice had mild to medium piloerection,

mild dehydration and some transient body weight loss following the initial treatment (Figure 4C). These symptoms were only observed after the initial infection, all subsequent doses failed to elicit any signs of infection.

**Table 3: Increased response rate with increased dose number in subcutaneous tumour model**

		UV AV2	AV 2
1 Dose			
	CR	0%* (0/5)	0% (0/8)
	PR	0% (0/5)	88% (7/8)
	NR	100% (0/5)	12% (1/8)
6 Doses			
	CR	0% (0/5)	63% (5/8)
	PR	0% (0/5)	37% (3/8)
	NR	100% (5/5)	0% (0/8)
12 Doses			
	CR	0% (0/5)	63% (5/8)
	PR	0% (0/5)	37% (3/8)
	NR	100% (5/5)	0% (0/8)

\*Percentage of mice demonstrating complete responses (CR), partial responses (PR) and no responses (NR) for each treatment group. Complete responses refer to mice with complete regression of their tumour with no sign of tumours to the end of the experiment (80 days). Partial responses are tumours which demonstrated delays in time-to-endpoint-size, as compared with control mice (UV AV2). () denote the number of positive mice out of the total number of mice in group.

#### *Systemic administration of AV1 and AV2 is effective against disseminated disease*

CT-26 cells when injected into the tail vein, seed tumours throughout the mouse although predominantly within the lungs, leading to mortality within 3-4 weeks. The lungs of four mice were examined 16 days after tumour cell injection and four days after treatment with UV-inactivated virus (Figure 4D). These lungs were 3 times their normal mass due to tumour burden, evident as nodules on the lung surface. In contrast, tumour-bearing littermates receiving a single intravenous dose of AV2, 4 days prior to the time of sacrifice, had lungs with normal mass and few obvious tumour nodules. AV2 administered by intranasal installation also showed significant efficacy while a combination of intravenous and intranasal administration appeared optimum (Figure 4D).

Figure 4E shows the survival plots of mice seeded with lung tumours and then treated intranasally with UV inactivated virus, AV1 or AV2. The mean time to death (MTD) of animals treated with UV inactivated virus was approximately 20 days. However, mice treated with either AV1 or AV2 were completely protected. This experiment demonstrates

the remarkable ability of AV1 and AV2 to produce durable cures in an aggressive, disseminated, immune-competent tumour model.

## Discussion

A key difference between these attenuated viruses and previously reported oncolytic versions of VSV, is the inability of mutant M proteins to block interferon production in infected cells. VSV M is a multifunctional protein required for several key viral functions including: budding (Jayakar *et al.*, 2000, *J. Virol.*, 74:9818-9827) virion assembly (Newcomb *et al.*, 1982, *J. Virol.*, 41:1055-1062), cytopathic effect (Blondel *et al.*, 1990, *J. Virol.*, 64:1716-1725), and inhibition of host gene expression (Lyles *et al.*, 1996, *Virology*, 225:172-180). The latter property has been attributed to the ability of M to block host RNA polymerase activity (Yuan *et al.*, 2001, *J. Virol.*, 75:4453-4458) or to inhibit the nuclear transport of both proteins and mRNAs into and out of the host nucleus (Her *et al.*, 1997, *ibid*; von Kobbe *et al.*, 2000, *ibid*). The results presented here using virus infection are consistent with blocks in nuclear transport being the major mechanism by which wild type VSV strains mitigate host antiviral response. The present analysis of infected cell transcripts provided little evidence to support a role for M protein in inhibiting host cell transcription but rather shows that VSV infection triggers an IRF-3 mediated stimulation of antiviral genes followed by an M protein mediated block of transport of primary response transcripts from infected cell nuclei. Particularly germane, to this study is the work from Dahlberg's group (Petersen *et al.*, 2000, *Mol. Cell. Biol.*, 20:8590-8601) and others (von Kobbe *et al.*, 2000, *ibid*) that has shown, by transfection studies, that M protein can associate with nuclear pore proteins and effect a block in mRNA export.

While not intending to be bound by theory, it appears that host cell antiviral programs are initiated by activation of the latent transcription factors NF $\kappa$ B, c-JUN/ATF2 and IRF-3.

Upon viral entry into the host cell, the transcription factors c-JUN and IRF-3 are phosphorylated by JNK and a recently identified virally activated kinase (John Hiscott, personal communication), respectively, while NF $\kappa$ B is released from its inhibitor I $\kappa$ B through the action of upstream IKK(s) (DiDonato *et al.*, 1997, *Nature*, 388:548-554). The activated transcription factors translocate to the nucleus and coordinately form an enhancosome complex at the IFN- $\beta$  promoter; leading to IFN- $\beta$  induction (Wathelet *et al.*, 1998, *ibid*). This is referred to herein as the primary transcriptional response to virus infection. It has

been postulated that a secondary transcriptional wave is triggered by the IFN- $\beta$  dependent induction of a variety of interferon stimulated genes. The data presented here with wild type M protein helps to delineate the distinction between these primary and secondary transcriptional events as well as identify several novel viral response genes (GADD34, PUMA). Following infection with viruses harbouring mutant M proteins, it becomes clear that autocrine stimulation of the JAK/STAT signaling pathway by IFN- $\beta$  leads to the production of secondary response genes like IRF-7 which in turn are critical for the tertiary induction of IFN- $\alpha$  genes (Morin *et al.*, 2002, *J. Mol. Biol.*, 316:1009-1022). Indeed the M protein block of secondary and tertiary transcripts can be overcome by expressing a constitutively active version of IRF-7 (from a viral promoter) even in the presence of wild type M protein.

One of the limitations of oncolytic therapy may be virus neutralization by pre-existing antibodies present in the human population (Ikeda *et al.*, 1999, *Nature Medicine*, 5:881-887). Using an oncolytic virus, like VSV, which is not endemic in the human population, should provide a significant therapeutic advantage. While a dose dependency to oncolytic activity (six treatments are superior to one) at some point was found in this study, presumably as neutralizing antibodies are developed, additional doses provide no therapeutic gain. These results suggest that one of the critical determinants to successful viral therapy will be efficient delivery to the tumour site prior to the development of anti-viral immune response. Clinically, it will likely be important to deliver the maximum tolerable virus dose as frequently as possible prior to the evolution of host mediated anti-viral response. The determination of the exact dose required for individual patients is well within the abilities of clinicians working in the field and, therefore, it is not necessary to discuss specific dosages herein.

Strategies involving immunosuppression of patients prior to virus therapy could in principle be useful, however, it has been found that an important component of viral oncolytic therapy is an anti-tumour response which is initiated by the expression of viral proteins on tumour cell surfaces (data not shown and Todo *et al.*, 1999, *Human Gene Therapy*, 10:2741-2755). Perhaps other strategies, like the infusion of virus infected cells as shown herein, or coating of viral preparations with polymers (Fisher *et al.*, 2001, *Gene Ther.*, 8:341-348) will provide an opportunity to deliver therapeutics to tumour sites without compromising valuable host immune responses.



The data presented herein indicates that defects in interferon signalling frequently occur during tumour evolution, with a great majority of the cell lines in the NCI panel having an impaired response. Accumulating data has indicated that interferon is a multifunctional cytokine that can co-ordinately regulate cell growth, apoptosis and antiviral pathways.

5 Perhaps during tumour evolution, the selection for relentless growth and loss of apoptosis outstrips the occasional need for anti-viral activity.

Ideally, an oncolytic virus will replicate preferentially in malignant cells, have the ability to spread from the primary tumour to sites of metastases and ultimately be cleared by the host. Evidence is presented herein that the attenuated viruses AV1 and AV2 embody all of these  
10 traits and, because of their ability to trigger antiviral responses in normal cells, may be exceptionally safe *in vivo*. Indeed, it has proven impossible to date, to select for VSV variants that are resistant to the antiviral effects of interferon (Novella *et al.*, 1996, *J. Virol.*, 70:6414-6417) and the ability of these IFN inducing mutants to protect the host in trans against infection with WT VSV has been demonstrated (Figure 1D). It is possible,  
15 therefore, that in a population of viruses where the majority of particles are potent inducers of interferon, the possibility of a wild type variant rising to dominance is remote. The resulting "cytokine cloud" produced by infection with the IFN inducing virus would protect the host from the more virulent WT strain (see Figure 5). Tumour killing would however, be unaffected as these cells have been shown to be defective in responding to such a  
20 "cytokine cloud". Hence the therapeutic index is increased, further improving the potential of the oncolytic viruses as cancer therapeutics.

#### **EXAMPLE 2: RESCUED MUTANT VSVs**

A series of recombinant viruses were constructed to test the range of mutations that are useful for the generation of interferon inducing mutants. To this end, a chimeric virus  
25 backbone was created which contained the N, G and L genes from the plasmid pXN-1 (Schnell MJ, Buonocore L, Whitt MA and Rose JK (1996) *J. Virology* 4, 2318-2323) and the P and M genes from AV1. Once created a series of viruses differing only in their M genes was generated by sequentially substituting in M gene variants as shown in the accompanying Figures (Figures 6 and 7). For instance, XNDG M4 contains the N,G and L  
30 genes from pXN-1, the P gene from AV1 and an M gene with methionine 51 deleted. XNDG M5 harbours an M gene that has a four amino acid deletion of methionine 51,

Aspartate 52, Threonine 53 and Histidine 54 (Figure 7). As we show in Table 4 (below) these two mutants are equally effective in killing three tumourigenic cell human cell lines as a naturally occurring mutant (Mut 2 or AV1) which has a methionine 51 converted to an arginine (i.e. M51R). Since XNDG M4 and M5 are deletion mutants it will be much more difficult for these recombinant viruses to revert back to the original methionine 51 genotype. Furthermore, while the engineered viruses are still able to effectively kill tumour cells, they form small plaques on interferon responsive cells indicating that these viruses are attenuated for growth in cells which can respond to interferon (Figure 8).

To perform the plaque assay, Vero cells were seeded onto 60 mm diameter tissue culture dishes at confluency in aMEM + 10% bovine serum and allowed to attach for at least 3 hours under normal tissue culture conditions. Serial dilutions of the sample virus suspension are made in half-log increments (eg.  $10^{-4}$ ,  $10^{-4.5}$ ,  $10^{-5}$ ,  $10^{-5.5}$ ,...etc.) in serum-free aMEM. Media was aspirated from the 60 mm dishes, 100  $\mu$ l of virus suspension was added per dish and the dishes were incubated under normal tissue culture conditions for 45 minutes. Following the 45 minute incubation, the dishes were overlaid with 3 ml of a 1:1 mixture of 1% agarose + (2X aMEM + 20% fetal bovine serum) at 42°C. The dishes were then incubated overnight and plaques are counted the following morning.

OVCAR (a human ovarian cancer cell line), 293T (a human kidney cell line transformed by large T antigen from SV 40) and U2OS (a human osteosarcoma cell line) cell lines were infected with AV1 (Mut2), XNDG M4 and XNDG M5 virus and cell viability was determined after a period of time, using the MTS assay as described above. The data provided in Table 4 demonstrates that rescued mutant VSVs have similar killing properties in comparison to AV1.

**Table 4: MOI required to kill 50% of cells in 48 hours as measured by the MTS assay.**

	AV1	XNDG M4	XNDG M5
OVCAR3	0.0096	0.0228	0.0105
293T	0.0096	0.0138	0.04056
U2OS	0.03	0.0186	0.0156

**EXAMPLE 3: GFP-M PROTEIN FUSION PROTEINS**

When fused to the amino terminus of green fluorescent protein (GFP), the amino terminus of VSV matrix (M) protein (aminoM+72-GFP-N1) targets this fusion protein to the mitochondria (Figures 9 and 10). The first 72 amino acids of VSV Indiana M are capable of targeting GFP. A fusion protein initiated at methionine 33 (M33) is also able to target GFP to mitochondria while the first 50 amino acids alone are not. Methionine 51 (M51) is not required. When fused to the C terminus of GFP these sequences do not target the fusion protein to mitochondria, therefore, these sequences must be at the amino terminus of a recombinant protein to perform this targeting.

As shown in Figures 9 and 10, when a fusion between the amino terminal 72 amino acids and GFP (aminoM+72-GFP-N1) is transiently expressed in cultured cells: 1) the fusion protein is targeted to the mitochondria, 2) the mitochondria lose the usual reticulotubular organisation and collapse into punctate perinuclear structures that 3) lose the membrane potential. These are the hallmarks of a dying cell.

VSV matrix protein has been recognised as a toxic protein that plays a role in the cytotoxicity of the virus. Transcription of the M protein initiates at three alternative ATG codons (M1, M33 and M51) and a virus mutated at M33 and M51 such that it cannot produce the shorter isoforms has significantly reduced cytotoxicity. A virus that has a mutant VSV M protein no longer targeted to mitochondria will be less cytotoxic.

**EXAMPLE 4: PROTECTION AGAINST VSV-INDUCED MORBIDITY**

This study demonstrates that systemically administered mutant VSV ( $\Delta$ M51) can protect against a lethal intracranial dose of VSV.

Groups of 8 week old female Balb/C mice were injected intravenously (primed) with either PBS, WT GFP VSV (1e8 pfu) or  $\Delta$ M51 GFP VSV (1e8 pfu). Twenty four hours later, all mice were inoculated intracranially with 2e7 pfu of  $\Delta$ M51 VSV (in 5  $\mu$ l PBS) and monitored for signs of morbidity, and paralysis.

The results are presented in Figures 17A and 17B. Figure 17A provides a Kaplan Meyer survival plot demonstrating that 100% of  $\Delta$ M51 primed mice survived while all WT and PBS control primed mice developed hindlimb paralysis and were euthanized. Figure 17B is

a plot of mouse weights over time, following intravenous treatment. The  $\Delta$ M51 primed mice demonstrated no weight loss, while WT and PBS control mice showed extreme weight loss prior to their euthanization.

***EXAMPLE 5: INTERFERON PRODUCTION FOLLOWING VSV INFECTION***

- 5 The data presented in this study demonstrate that cells infected with mutant VSV secreted IFN- $\alpha$  and IFN- $\beta$ , while those cells infected with WT VSV either did not produce IFN- $\alpha$  and IFN- $\beta$ , or did so in much smaller amounts.

$\beta$ -Interferon

- 10 OVCAR4, CAKI-1 and HOP62 cells were infected (MOI of 10 pfu) with either WT or mutant VSV strains. The infected cells were assayed by ELISA for IFN- $\beta$  production 10 hours post infection. AV1 and AV2 infected cells and not WT VSV infected cells produce secreted IFN- $\beta$ . The ELISA was performed using a commercially available human IFN- $\beta$  detection kit (TFB INC; Tokyo Japan). The results of this study are shown graphically in Figure 18.

- 15 The cell lines used in this study are commercially available, for example from the New Drug Development Program of the NCI. The three cell lines are all human cancers that were selected for this study since they fall in the 20% of cancers that are somewhat interferon responsive. OVCAR are ovarian cancer cells, HOP62 are lung cancer cells and CAKI-1 are renal cancers. In each case the cells were infected as described in the MTS assay (see  
20 Example 1).

$\alpha$ -Interferon

- 25 Mouse serum IFN- $\alpha$  levels were assayed using a mouse Interferon-Alpha ELISA kit (PBL Biomedical). Balb/C females (10 weeks old; Charles River) were injected intravenously with either PBS or  $1 \times 10^8$  pfu of WT GFP or AV3 GFP (wherein AV3 is an engineered version of VSV where methionine 51 has been completely deleted) diluted in PBS. At the indicated times post infection, blood was collected from the saphenous vein of each mouse into heparinized tubes and centrifuged to obtain serum. For each sample, 5  $\mu$ l of serum was diluted in 95  $\mu$ l of PBS and assayed as per manufacturer's instructions. The results provided in Table 5, below, demonstrate that the mice infected with the  $\Delta$ M51 mutant produced IFN-

$\alpha$  earlier and in greater amounts than mice infected with WT VSV. The naïve mice did not produce detectable amounts of IFN- $\alpha$ .

**Table 5: Serum Interferon- $\alpha$  (pg/ml)**

Time (h)	Naïve (n = 2)	WT (n = 3)	$\Delta M51$ (n = 3)
0	neg.	neg.	neg.
1	neg.	neg.	559 $\pm$ 116
6	neg.	8197 $\pm$ 2726	25,213 $\pm$ 322

neg.= below the level of detection of the assay (<200 pg/ml); time refers to hours post infection.

## 5 **EXAMPLE 6:**

*In vivo* treatment of mice with  $\Delta 51$ -VSV was found to dramatically augment cytotoxic T lymphocyte (CTL)-mediated lysis of CT26 tumour cell targets compared to lysis by splenocytes from tumour-bearing, VSV-untreated mice.

Balb/c mice with established CT26 subcutaneous tumours were treated with or without  $5 \times 10^8$  pfu  $\Delta M51$  VSV intravenously. After 7 days, splenocytes were harvested and cultured in a 5:1 ratio with irradiated CT26 tumour cells. After 7 days of *in vitro* stimulation splenocytes were assayed for anti-CT26 CTL activity. The results of this study are graphically depicted in Figure 19A, in which % of tumour-specific lysis above background spontaneous lysis of CT26 target tumour cells in the absence of effector splenocytes, is plotted against effector:target ratio (Target cells are the tumour cells, the splenocytes are the effector or killer cells).

Qualitative differences were also observed in immune responses elicited by WT or  $\Delta M51$  viruses. Balb/c mice were treated with  $5 \times 10^8$  pfu of wild-type or  $\Delta 51$ -VSV intravenously, and after 7 days, splenocytes were harvested and co-cultured with irradiated CT26 tumour cells. After 7 days in culture, splenocytes were assayed for lysis against CT26 cells, with or without prior NK cell depletion with antibody-conjugated magnetic beads. Treatment of mice with both wild-type and  $\Delta M51$ -VSV primed splenocytes for potent primary immune response generation to CT26 tumour antigens *in vitro*, with no previous *in vivo* exposure to those tumour antigens during viral infection. This indicates that VSV therapy primes splenocytes *in vivo* for subsequent primary response generation *in vitro* against novel antigens. The lytic activity against CT26 cells following wild-type VSV therapy was NK-

dependent. The lytic activity against CT26 cells following  $\Delta$ M51-VSV therapy was CTL-mediated, which indicates qualitatively distinct immunological priming events following therapy with  $\Delta$ M51 versus WT VSV. These results are depicted in Figure 19B. This data also suggests the superior capacity of  $\Delta$ M51 VSV to elicit potent adaptive immune responses (CD8+ T cell-mediated lysis) with potential for development of protective immunological memory, in contrast with wild-type infection which generated a primarily innate, NK cell-mediated effector mechanism against CT26 cells.

This study shows that the mutant virus induces a qualitatively different response than wild type virus. The induction of CTL cells in this assay is only seen with the mutant virus. The CTL response will be a long term protective response whereas the NK response will not have a memory. The induction of this distinct response is likely attributable to the induction of cytokines by the mutant virus.

#### ***EXAMPLE 7: IMMUNOHISTOCHEMICAL STAINING OF MUTANT VSV TREATED TUMOURS***

In order to study the effect of mutant VSV on tumours, Balb/c mice bearing subcutaneous CT26 tumours were treated intravenously with  $\Delta$ M51 VSV GFP. After, 2, 5 or 8 days the mice were euthanized and tumours were snap frozen and later sectioned (5  $\mu$ m) and immunohistochemically stained for VSV, active caspase 3 and CD45, a pan-leukocyte marker. Standard techniques were used in this study. Photographs of the stained sections are shown in Figure 20. The positive stain is brown, while all nuclei are counterstained blue with hematoxylin. H&E staining shows tumour morphology (H &E staining is a non-specific stain which shows the overall structure of the tumour).

The immunohistochemical staining of the mutant VSV treated tumours revealed massive apoptosis and leukocyte accumulation. This study demonstrates that mutant VSV is an excellent oncolytic agent because it induces the death of tumour cells that have not even been infected (i.e. caspase 3+ cells that have undergone apoptosis). While not intending to be bound by theory, this is likely because again the mutant virus induces the production of cytotoxic cytokines that kill tumour cells in advance of the infecting virus. Furthermore, the mutant virus recruits leukocytes (CD45+ cells) that can infiltrate and attack the tumour. The CD45+ cells follow in after the mutant virus infected cells, again in response to the cytokines induced by the virus infection of tumour cells.

All publications, patents and patent applications mentioned in this specification are indicative of the level of skill of those skilled in the art to which this invention pertains and are herein incorporated by reference to the same extent as if each individual publication, patent, or patent applications was specifically and individually indicated to be incorporated by reference.

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The embodiments of the invention being thus described, it will be obvious that the same may be varied in many ways. Such variations are not to be regarded as a departure from the spirit and scope of the invention, and all such modifications as would be obvious to one skilled in the art are intended to be included within the scope of the following claims.